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PART 4

ORIGINAL PAPERS

NARCISSISM IN THE STRUCTURE OF THE EGO¹

BY

PAUL FEDERN

VIENNA

Although the disturbances which I propose to consider are experienced in a mild transient form even by healthy people from time to time, disturbances which you yourselves have all shared, I fancy that you have not paid them much attention. For they are not striking, and it was only a particular reason that led me to take that path of enquiry along which I am asking you to accompany me. You will probably feel an inner resistance against this, for we would all rather leave untouched our own undisturbed ego-feeling, that pre-condition of all happiness. Because of this resistance the observation of the *components* of the ego has been ignored by those authors who would see in the ego only an abstraction of the distinction between subject and object, and also by those who have attributed to the ego a 'homogeneous wholeness', so that for them the term 'ego' was almost synonymous with the old term 'the soul'.

Consequently psycho-analysis must disown both these conceptions. The structure of the ego, i.e. its division into institutions, the dynamics of these, their relation to the instincts, to the unconscious, even to the body, occupies us all. Here lies the test of Freud's theory of narcissism: does the libido merely actuate the ego or does it build it up?

I

One might have expected that even if the observation of our own mild disturbances did not prompt us to the psycho-analytic investiga-

¹ Read before the Tenth International Psycho-analytical Congress, Innsbruck, September 1, 1927.

to be given in Berne in the spring and later at Zürich and Bâle. Attendance, 16 members, 3 guests.

2. Direktor Dr. med. Kielholz (Königfelden): Armies and leaders. The psychology of armies from the psycho-analytical standpoint. The mass of the rank and file displays characteristics which amount to a regression to infantile or primitive levels. The leader, as we see if we study the generals of genius in the history of the world, has the virtues and the fascination which a good father possesses in the mind of a boy. The tendency to mutiny arises out of the Oedipus situation. 'Barbed-wire sickness' and mass-neuroses in the trenches and behind the lines, phenomena which occurred in the Great War, are really disturbances of libido.

March 31, 1928. 1. *Business Meeting*:

Dr. Harald Schjeldrup, Professor of Psychology in the University of Oslo, and Dr. Kristian Schjeldrup, Doctor of Theology, Oslo, were elected members of the Society. Attendance, 10 members, 4 guests.

2. Furrer (Zürich): My experience of child-analysis. An analysis of a twelve-year-old hysterical patient failed owing to faulty technique, after good results had at first been obtained. The failure was partly due to attempts to hurry the analysis and to model it on the technique of adult analysis. 'The best way to shorten it (the analysis) seems to be to carry it out correctly' (Freud). The analysis of a seven-year-old girl was successfully carried out on lines indirectly analogous to Freud's analysis of little Hans. After a year's treatment the child began to develop normally.

In the third part of his paper the speaker suggested a programme for psycho-analytical training which is published *in extenso* in the *Zeitschrift für psycho-analytische Pädagogik*.

Pfarrer Dr. O. Pfister has given a number of lectures to Teachers' Unions and others interested in the subject on psycho-analysis and its application in pastoral and educational work. At Buer, in the Ruhr district, he lectured three times to an audience of seven hundred.

Dr. med. E. Blum gave two lectures on the wireless at Berne on the meaning and the possibilities of psycho-analysis.

Dr. med. H. Behn led a course of discussion on psycho-analysis at the seminar on remedial education at Zürich.

Herr Zulliger has lectured on psycho-analytical questions in various places to the local Teachers' Unions, at 'parents' evenings' and other meetings. He also gave two courses of lectures on education and psycho-analysis, which were delivered on eight and twelve evenings respectively and were intended for parents and teachers.

(Signed) On behalf of the Swiss Psycho-Analytical Society,

Ph. Sarasin, *President*,

Hans Zulliger, *Secretary*.

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Consequently psycho-analysis must disown both these conceptions. The structure of the ego, i.e. its division into institutions, the dynamics of these, their relation to the instincts, to the unconscious, even to the body, occupies us all. Here lies the test of Freud's theory of narcissism: does the libido merely actuate the ego or does it build it up?

I

One might have expected that even if the observation of our own mild disturbances did not prompt us to the psycho-analytic investiga-

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tion of the ego, nevertheless those severe cases of illness, of depersonalization and alienation, which long ago aroused the interest of psychiatrists, would have done so. They have been treated extensively in the writings of Janet and Schilder, writings to which—in view of the short time at my disposal—I shall scarcely refer. The distinguished works I have mentioned were however written without any acknowledgement or application of the libido-theory. It is only recently that psychoanalysts have attempted to apply this theory in order to explain depersonalization. It is my aim here to test the libido-theory on this task and by this test to demonstrate its correctness anew.

And here I take my stand on Nunberg's work. From his psychoanalytic observations he has conclusively proved that depersonalization and alienation originate in the loss of an important libido-object, in the traumatic effect of the withdrawal of the libido. Nunberg has also drawn attention to the ubiquity of these disturbances in the beginning of neuroses. I myself go still further and believe that all psychoses and neuroses are preceded by a disturbance of the ego in the form of alienation, but that for the most part this has disappeared by the time a neurosis or psychosis has been established, for it has often occurred in early childhood and been forgotten. It is then not always recollected during analysis, especially as psychoanalysts so far have not paid it sufficient attention. Thus our experience that the initial disturbance of the ego cannot in every case be proved must not prevent us from assuming its ubiquity. I hope that further enquiry by us will succeed in demonstrating its occurrence as essential to the libido-theory.

Now since the frequency of its occurrence is unquestioned, I have in a paper ² on this subject described 'alienation' as the most frequent 'transitory narcissistic actual psychosis'. I wish to justify this nomenclature to-day. First of all I will draw your attention to the fact that this nomenclature involves me in a certain opposition to Nunberg's discovery that we are concerned with an injury to the ego through the withdrawal of the object-libido from an object, for I have in mind a direct actual disturbance of the narcissistic libido. This divergence brings into relief the most important fact from the observation of which my further conclusions proceed. We are concerned not only to distinguish the ego-libido from the object-libido theoretically, but to mark off their limits by means of observation.

² Read before the Hungarian Psycho-analytical Society, February, 1927.

From our practice and from the literature on the subject we all know the earnest, and always somewhat uncanny, complaints with which severe cases of depersonalization describe their condition, or rather their changing conditions. The outer world appears substantially unaltered, but yet different, not so essentially, so actually, near or far, clear, warm, friendly and familiar, not really and truly existing and alive, more as if in a dream and yet different from a dream. At heart the patient feels as if he were dead ; and he feels like this because he does not feel. His feeling, wishing, thinking and memory processes have become different, uncertain, intolerably changed. And yet the patient knows everything correctly, his faculties of perception, of intellect and of logic have not suffered at all. He knows too how his capacity for feeling is diminished. As Schilder in conjunction with Husserl so rightly says, " the actuality," or as Janet plastically calls it "*le sentiment du réel*", is lacking. In still more severe cases even the unity of the ego has become doubtful ; in its continuity the ego is only perceived, not felt. Time, place and causality are recognized and properly applied to finding one's bearings, but they are not possessed spontaneously and self-evidently. It is only in the very worst cases that the core of the ego, which as Hermann rightly pointed out is connected with the sense of equilibrium, is lost.

With cases of average severity there are more of those who complain only of alienation of the outer world than of those who have also lost the evidence for their affects and former inner life. Now, applying the libido-theory, we should assume that where the self-evident experiencing of the outer world has been lost object-libido is lacking, and contrariwise where the ego-feeling and the inner life have been disturbed narcissistic libido is lacking.³

I have found this assumption to be incorrect. For we learn from our patients that in every case of alienation, even in those which are supposed to be exclusively external alienation, the ego-feeling is disturbed ; it is true that the patients themselves do not notice this. And indeed that portion of the ego-feeling is disturbed which I have

³ We are not concerned here with what happened to it in a particular case, whether and whither it was withdrawn, whether it has disappeared or been transformed, any more than we are with the pathological conditions in which the alienation takes place, that is to say the previous history of the alienated ego. My enquiry is not concerned with the clinical picture of alienation, but only with the diagnosis, the phenomenology, and the theory of its dynamics.

described, in my communication about the variations in ego-feeling, as corporal-ego feeling. This is analogous to the '*Körperschema*' discovered^d by Schilder as the former 'evidential experience' is to perception. The corporal-ego feeling is the evidential sensation of the whole body, not only of its weight (as Schilder and Hartmann found), but also of its size, extension and sense of fullness. This feeling, always a characteristic one, indeed our most characteristic one, we pay no attention to at all, not even when it is disturbed. Certainly once one's attention has been drawn to the oddness of this sensation, e.g. after a state of fatigue, the healthy person no less than the patient is easily in a position to distinguish and pursue its variations. I myself discovered this when several years ago I wished to observe how ego-cathexes are withdrawn from the body and mind at the time of falling asleep. Whoever has lost the happy capacity for going off to sleep at once like a child or else is ready from time to time to deny himself in this respect will confirm the fact that the corporal-ego feeling is subject in this connection to simple or complex alterations.

With the help of this piece of knowledge let us return to our cases of alienation of the outer world. Now we find that with them the corporal-ego feeling, this psychical representative of the corporal boundaries of the ego, is always disturbed during the alienation. It is then no longer co-terminous with the existing *Körperschema*.

Now diminutions and distortions of the corporal ego-feeling often occur even in a state of complete wakefulness with people who do not suffer from alienation and who consider themselves perfectly healthy, but do not feel in a very good mood. They are very frequent in so-called neurasthenia. The disturbance vanishes however as soon as attention is drawn to the idea of the general configuration of the body, which happens of its own accord when movements of the body are intended or carried out. Then the complete corporal-ego feeling is immediately restored. The whole symptom appears so harmless that it may seem to you not even significant enough for conclusions to be drawn from it. But in spite of its harmlessness it is not vague, it is surprisingly precise. If, for example, a neurasthenic, because of fatigue, has his ego-feeling only just up to his armpits, and then presses his arms to his breast, then the latter—quite remarkably—appears to him too narrow, although he perceives and knows how broad his thorax is. I have been able to produce in myself a still odder feeling when through work and lack of sleep I have felt the corporal-ego feeling of my head disturbed. When in such a case I clasp my skull with my hands, in

spite of my perception of the hard bone between the outstretched fingers I feel as if it was without extension.⁴

Now I found that with those suffering from alienation of the outer world the corporal-ego feeling is not only temporarily lacking or limited or diminished, nor is it adjusted by half an hour's sleep, but that it obstinately remains in a state of disturbance. Nor can it be restored solely by drawing attention to it, or by movement, so long as the alienation lasts. These particulars can be obtained quite exactly from those suffering from alienation, for as you know introspection is a constant necessity for these patients. This has caused many authors, certainly without justice, to explain the alienation itself by the increased introspection, or as Hesnard has recently done, by an increase of narcissism. In contradistinction to this my explanation emphasizes the reduction of narcissistic cathexis.

Hence we have arrived at the firm conviction that the evidence of the configuration of the corporal ego must be retained in order that the outer world may remain evident. We possess therefore, quite apart from Freud's reality-test according to which the outer world is recognized in its independence of the ego by means of search and comparison, a permanent evidential feeling of the outer world which originates in the fact that impressions from the outer world pass a corporal ego-boundary charged with a particular quality of sensation and corporal-ego feeling. The psychical representatives of the corporal ego-boundary, the evidential feeling of the same, is sometimes lacking only for parts of them, e.g. for the legs when walking, or for hearing, sight or taste. Mild stages, and therefore simply a deadening of an ego-boundary, can still be overcome by exertion. This exertion accompanies the reality-test so familiar to us. Then simultaneously with it the evidential feeling is restored. The normal person with a completely healthy ego on the contrary possesses uninterrupted his full feeling for corporal boundaries, which permanently and unobtrusively demarcates the outer world.

From all this we are led to the certain conclusion that the alienation of the outer world consists in a disturbance of the ego-periphery in relation to a feeling-cathexis. This must be distinguished from the cathexis of objects. In particular this peripheral ego-feeling is by no

⁴ Such symptoms are even of practical importance because, being the earliest failure of the ego-feeling, they warn one not to go on over-tiring oneself.

means identical with the sense of touch and the other sense functions. Many authors have in great detail established the fact that all these functions have remained intact even in the severest cases of alienation.

Now Nunberg's observations have already shown us that this cathexis of the corporal ego-boundaries is libidinal in its nature. I too have definitely been able to ascertain, just as Nunberg stated some time ago without mentioning ego-cathexis, the direct connection between the origin and disappearance of the peripheral ego-cathexis and actual sexual processes. And here I will give some examples from my experience :

For two years I observed and analysed daily a case of alienation of the outer world which was temporarily fairly severe. It turned out that my patient always reacted to his sexual claims by losing the corporal-ego feeling. Also his lasting condition of alienation had begun after a period of excessive sexual indulgence. Numbers of such cases moreover are to be found in non-psycho-analytical literature, though the authors do not assign to them the importance that is their due.

This case supplied me with a quite special proof of the derivation from sexuality of the cathexes of corporal-ego feeling. The evidential feeling of the corporal periphery in his bath which he had formerly recollected quite well he had now entirely lost. But during occasional masturbation in the bath the full corporal-ego feeling was restored, to be succeeded by more intense alienation as sexual tension was eased.

A convincing proof of another kind was a dream, of which I have already given particulars. It is quite peculiar because it ended with a very high degree of temporary alienation of the corporal ego. The man dreamed peculiarly vividly and in an unusually intense sexual way of a strongly desired sexual object, with whom he had coitus outside his bed. The whole process was described by the dreamer as the most vivid dream he ever remembered. One may say that all the libido aroused during sleep had become object-libido ; this use of the libido was retained for a short while in waking, for he awoke during the dream (this gives renewed interest to the problem of awaking from dreams) and now he felt himself aware only of the awakened psychical ego-feeling, while the corporal-ego feeling in the periphery and depths was at first completely lacking. It was an uncanny experience ; beside him in the bed lay his body, and he himself felt himself to be still with the loved sexual object, whose absence he felt with surprise and regret.

If we picture to ourselves continuous states of this kind, we get some idea of the degree of alienation in which all narcissistic cathexis of the corporal ego is lacking. Similar conditions are reported of narcotized patients. Such stages of alienation are frequently described in the literature.

I could produce still more examples of how immediately the corporal-ego feeling is dependent on the sexual instinct. But the above example is enough to let us draw this conclusion: the evidential feeling is based on the libido directed on to the ego, or better on the libido employed for ego-feeling. The libido only re-establishes the ego. Narcissism is here not a theoretic conception, but observed as it were in *statu nascendi*. The actuality of narcissism is thereby demonstrated.⁵

With what I have said so far I have justified my description of alienation as a narcissistic actual psychosis. I have devoted so much space to the actual sexual cause only for the purpose of demonstrating my point, not that I wish to describe it as the only cause of states of alienation. Alienation takes place not only on account of actual disturbances in the economy of the actual sexual processes, i.e. on account of exhaustion of the libido reserves. Much more frequently the narcissistic cathexis of the corporal ego-boundaries disappears from all the complicated psycho-neurotic mechanisms by which the libido is repressed or displaced. Specially important and at the same time empirically demonstrable is the narcissistic cathexis due to the identification of the ego with the male genital, and likewise the disturbance of the one by the disturbance of the other, e.g. in patho-neuroses according to Ferenczi's description. Thus the narcissistic cathexis may be interfered with either from the side of the ego or from that of the sources of the libido in the id.

I will repeat what I said before in Budapest, because it has since then been put forward by Reik in Vienna: the first alienation in childhood is due in most cases to a shock. The fact that with many people their ego remains permanently weakened, so that afterwards depersonalization processes are prominent, does not belong to the question

⁵ It is not belief in authority or partiality for a theory, but empiricism which prevents us from following Rank's psychology and throwing the libido theory overboard, or from conceiving of sexuality, as Adler does, as an accident and merely the field of activity of the whole individual psyche.

of the essence, but to the ætiology and clinical picture of depersonalization. We have no time to-day to discuss this. This connection between shock and depersonalization draws our attention to an essential distinction in the dynamics of anxiety and shock. In anxiety the corporal ego-boundary retains its narcissistic cathexis; owing to the tense expectation and the libidinal stressing of the ego connected with it, which consciously or unconsciously is threatened with danger, it is probably even more strongly charged with narcissistic cathexis. This narcissistically libidinal cathexis explains in part the existence of anxiety-pleasure. In shock the ego loses its narcissistic boundary-cathexis. Every shock is accompanied by the feeling of alienation. And here I re-introduce into this new context Freud's explanation of the traumatic neurosis.

Indeed one should not feel surprised that when the ego-boundaries are deprived of their narcissistic cathexis, which we regularly feel in the shape of healthy corporal-ego feeling, the outer world is alienated. The phenomena which correspond to the lack of object-libido have indeed long been known to us as indifference and callousness in regard to objects. This impoverishment in the libidinal cathexis of objects and object-ideas often occurs long before the alienation. We describe both the world or the person no longer loved, though in quite another sense, as strange, that is to say in the sense of 'as indifferent to one as a stranger'. But the completely indifferent stranger who is unworthy of any interest or any transference does not seem in the very least 'strange' or 'unreal'. And when we speak of the fixation of the whole object-libido on one person, of love, we notice that if this suddenly cools our ego abates its ardour and alters, while the object is a matter of indifference to us, but neither of them, the ego or the object, is alienated in the sense of depersonalization. I think that we are not sufficiently surprised by the fact that in general, as we have repeatedly found, the ego and the world can become changed, indeed completely changed, if sexuality is thwarted or repressed. Before Freud sexuality scarcely belonged to the mind, only to the body. Before psycho-analysis we conceived of love only as an experience of the ego, as happy or unhappy. But—as we now know—it is love that first creates the ego and sustains it. The question that the great and pious poet put to his God: 'Was love woven by you into the web of the world, or was it merely a miscalculation that slipped from you unawares?'⁶—

⁶ Mickiewicz, *Totenfeier*.

this question was first answered by psycho-analysis. But as soon as we reflect and consider the marvel of the building up of the ego by the libido, we must admire the greatness of Freud's conception, by which he in the first place inferred the existence of narcissism from a schizophrenic's withdrawal from the world.

II

The psychical representative of the perceptive organs, that is the corporal ego-boundary, is charged with corporal ego-feeling derived from narcissism. We have already heard that this narcissistic covering varies normally and pathologically—according to its strength, extension and power of resistance—and along with it the corporal ego-feeling.

We will now turn to the phenomena of morbid variations of corporal ego-feeling, that is to say the pathology of peripheral narcissism. The strength of the cathexis differs with individuals and forms an important component in the temper or mood of a person. When increased to a pathological degree we have the difference between manic and melancholic states. The maniac feels his breast and limbs to be sound and filled out, the melancholic feels them to be unsound and as if emptied out. In melancholia alienation states are particularly frequent.

We will now consider without theoretical preface some examples of the pathological differences in the extension of corporal ego-feeling. I found with a hysterical patient that in the periods in which he was free of his symptoms the corporal ego-feeling was normal; when his mood got worse it was reduced, especially at those parts of the body where hysterical symptoms showed themselves, but immediately before the appearance of the symptoms it was intensified.

Otherwise we find that in pathological cases either the corporal ego-feeling is withdrawn towards the head, often not extending above the forehead or the mouth, or only up to the neck or halfway up the breast, etc., or else that its general intensity is reduced. In the first case the parts that have remained in a state of cathexis have from time to time an intensified corporal-ego feeling. Unless optical impressions are intensively alienated the eyes remain charged with cathexis. The mouth zone is still more resistant.

In male psychical impotence the genitals are for the most part without any corporal-ego-feeling. In cases where along with the repression of the genital libido the entire libidinal personality seems to have

persisted in the pregenital stage, while the intellect is fully developed, even the corporal ego-feeling is with this fixation ready to regress to a reduced extension. Thus in the corporal-ego feeling we have an ascertainable symptom of ego-regression. It is as if the narcissistic cathexis of the corporal ego-boundaries, i.e. their psychical representative, has continued in an earlier stage or else easily withdraws into it. At our congress in Homburg Pierce Clark investigated such cases among narcissistic neuroses and psychoses by means of his phantasy method, and he also spoke, though with no special emphasis, of the corporal-ego feeling.

I will give as an example a case with varying corporal-ego feeling. He was being treated by me on account of homosexual impotence and depressive inhibition. Now in those periods when his attitude was actively homosexual or else heterosexual he possessed a full corporal-ego feeling. And at such times he was adapting well to reality in respect of object-libidinal gratification in his professional and social life. At those times when his attitude was passively homosexual, which corresponded to his puberty period, the corporal-ego feeling did not reach above the middle of his body; at such times he even felt a resistance against picturing to himself more than the upper part of other people's bodies. Thus the rejection of genital activity went along with a reduction of the narcissistic cathexis. But there were also periods of severe alienation, and in these the corporal-ego feeling invested only the mouth and the pharynx. This limitation, which must correspond to the period of infancy, was accompanied by depression and libidinal indifference. Finally there were periods in which the attitude was that of early infancy, more or less corresponding to the third and fourth year of life, and in which he felt that his corporal-ego feeling seemed to register the extension corresponding to this age. Here the libido was directed passively towards the father and actively towards the mother. For these periods one would have to assume not only rejection and repression of mature genital activity, but also the affirmation of genital infantile sexuality. The real outer world was alienated, the mood was excited, almost ecstatic with anxiety-preparedness. All these particulars came to me as a surprise and were uninfluenced by me.

Another problem is whether there are qualitative differences in the corporal ego-feeling and whether these are dependent on the quality of the component instincts, whose libido is fed by the narcissistic cathexis. You will understand me better if I remind you of Freud's 'History

of an Infantile Neurosis'.⁷ Freud tells us that his patient alleged that he always saw the world as if through a veil. Though the author does not say so, this complaint clearly betrays the state of alienation. Now Freud lays stress on the fact that until the treatment this condition used to yield only in particular circumstances, that is to say, when the patient had an enema. You remember that we are concerned with an anal character and passive homosexual fixation. Thus this case is analogous to that mentioned by me above, in which the patient lost his alienation only during onanism in his bath. The difference is that in my case the restoration of the narcissistic cathexis was provoked by genital, and in Freud's case by anal, passive excitation. We can understand that two people are bound to feel and behave differently if their corporal ego-feeling comes from such different sources. Nevertheless I consider it to be still uncertain whether one can assume a different quality in the narcissistic cathexis itself. Even without so bold an assumption we can explain the distinction in the corporal ego-feeling according to its component source in the following way. That is to say, when we observe with perverts the distribution and extension of the corporal ego-feeling and also its intensity, we find the narcissistic cathexis distributed with unequal strength on the surface of the body, with a preference for the erotogenic zones. Thus with male sadists the specifically erotogenic zones, the mouth with the teeth, the eye, hand and penis are not only more strongly sexualized during sexual excitation, but have a permanent increase in ego-intensity. The masochist on the other hand has not incorporated his genital at all in his corporal-ego feeling. People who blush have invested with a permanently stronger ego-feeling the face, genitals, nates, and in the case of women the breasts, according to whichever of their exhibitionistic zones is the stronger. Thus the influence of the component instincts, which come to the fore in narcissism, is manifest in the distribution of cathexis. This perverse ego-feeling also explains—apart from the wishes that are only dormant—how it is that such individuals regularly feel their perversity and are always prepared to be recognized or persecuted as perverse.

But a qualitative difference might continue in the narcissistic cathexis itself, namely that between the active and passive, male and female respectively, perhaps also the tension-libido. Up to the present language hardly possesses words for these nuances.

⁷ Freud, *Collected Papers*, Vol. III.

It is self-evident, but for the sake of clarity it should once again be expressly stated, that no alteration of the sense-functions goes along with all these changes ; only by some one or other conversion-mechanism can physiological functional changes supervene.

III

We will now leave the alienation of the outer world and turn to the alienation phenomena of the psychical inner life, that is to say real depersonalization. In alienation of the outer world we could establish the narcissistic cathexis by the continual lack of corporal ego-feeling registered by the patient. We lack this index for our enquiry into alienation of the inner world and need for this a working hypothesis, the correctness of which, as I believe, you too will acknowledge.

All feelings of alienation have something so specific in common that we must assume for all of them one and the same specific cause, whichever psychical function the alienation may attack. Now since we have ascertained that the cause of the external perceptions lies in the loss of a normal narcissistic cathexis, we are bound to assume a loss of narcissistic cathexis in every case where alienation occurs, and therefore even in the alienation of feeling, thinking, remembering, wishing, etc. The evidence of a function is only regularly lost, i.e. alienated, when the narcissistic cathexis in question is lost. But in order for it to have got lost it must have been present in the normal state. We cannot, so far at least, observe the part played by narcissism in normal functions ; we can only infer it. By its absence in pathological states we now learn where in the normal state an ego-boundary with a narcissistic cathexis permanently exists. By this method we are now able to find narcissism in the ego-structure even within the external ego-periphery, that is, the psychical representative of the periphery. To put it briefly : where alienation occurs, at that point a narcissistic cathexis exists in the normal ego-structure.

We shall hold all the more firmly to this hypothesis in proportion as it is confirmed by existing psycho-analytic conclusions regarding the theory of the ego-libido. Where it leads to other conclusions, further enquiry is called for.

We may go still further and say : where alienation never occurs there should not be any question of the participation of narcissism in this function. We can now demonstrate the existence of narcissism, but only as it were through a reagent. We must not actually decide from our results that it alone builds up the ego. Perhaps where every

alienation is lacking our attention will be drawn to yet other factors in the ego-structure.

I think that our working hypothesis promises us an extensive programme of work, which with severe ego-disturbances, psychoses, will take us into the depths of the ego-structure. Certainly in the case of severe narcissistic ego-disturbances we must be prepared for the great difficulty that severe cases of insanity cannot supply us with a clear account of their alienation feelings, as do those intellectually intact victims of depersonalization whom I have so far examined. A similar difficulty exists with regard to dreams, for observation of the self during dreams is difficult and it is still more difficult to retain correctly in memory.

To-day we will only in a quite general way test by our method the alienation of some psychical functions. We will turn first to the affects. Alienation seldom extends in the same degree to the whole emotional life. In this respect the patient behaves like a person who possesses feelings and yet complains of the impoverishment of his feelings. There is a symptom of "pathological" mourning that has not yet been noticed. In this case alienation of the mourning affect always occurs. But here the self-reproaches, complaints and guilty feelings hold entire sway over the patient, who however often complains even of them that he does not feel them. He accuses himself of being blunted in feeling. Similarly in all other cases of alienation of affects these are to the patient not genuine, not evident, he feels them to be different, just as he feels his perceptions to be different. But the affects are not in any way unconscious, for the patient observes and laments the affects—e.g. shame, ambition, and love—which he feels not to be genuine.

Thus we conclude that the ego normally admits the affects into its narcissistically-charged boundary, cathexis of which is lacking in the case of the affectively alienated. But this conclusion is in complete accord with Freud's theories, as well in the fact that the specific quality of every affect is determined by the quality of its dispersal in the psychical as in the fact that they are memories of repeated experiences in the far past. We are not yet able to say whether the alienation of an affect is due to the fact that—centrifugally—in the process of dispersal it abandons an ego-boundary no longer charged with narcissism, or that the sensation of the affect—centripetally—touches such a boundary. In any case every feeling that is received from the ego without narcissism is a cold nothing in feeling-experience, however

intense it would be in itself if it were to impinge upon Cs as 'part of the ego', i.e. at a narcissistically charged boundary. This conception confirms even the opinions and statements of many non-psychanalytical authors who speak of 'inactivity'-feeling with alienated feeling and of 'activity'-feeling with normal feeling, for even the libido-theory implies by the word 'cathexis' an active reception. 'Active reception' sounds like a contradiction in terms; and yet it corresponds to the actual process. Similarly our explanation corresponds with Löwy's feeling of feeling and to Husserl's *noësis* and supplies both with the specific point that the narcissistic cathexis bestows this evidential feeling when it passes the ego-boundaries. It will require much individual labour to distinguish the particular boundaries for the modes of feeling or to demonstrate the homogeneity of the ego-boundaries for them. And a difficulty in the way of understanding and explaining these conditions lies in the fact that this encounter with the narcissism of the ego is itself homogeneously experienced as feeling-quality together with the feeling, whereas the perceptions, in that they are experiences of a fundamentally different kind, can more easily be separated from it. It resembles the difference between certain goods on which customs duty has to be paid directly and separately, and other goods where the duty disappears in the total price paid for them.

We mentioned before that the affects are subject to alienation precisely because they are memories of experiences. That is to say, with many cases of alienation memory participates in the disturbance. The memories enter the Cs rapidly and correctly and they are also clearly differentiated, but yet they enter, if one may so express it, in a remarkably 'un-ego-like' manner. Among psycho-analysts Reich has laid particular stress on the memory-feeling. In accordance with what we have been saying we must assume that the memory-feeling is lacking when a narcissistic cathexis which is too weak or else non-existent is set up or re-established where the memories enter the Cs. This connects with Ferenczi's remarks on affirmation.

It is a remarkable fact that on its entry into the Cs what has been truly repressed never, so far as I have observed, possesses the character of alienation. Hence the narcissistic cathexis of the ego-boundaries is already present. But one must not suppose that an alienated memory is not conscious, that in fact a narcissistic cathexis is identical with that psychical cathexis which constitutes consciousness.

On the contrary one may here point out the essential distinction

between the narcissistic cathexis in question and the object-libidinal cathexis that is attached to the remembered idea. In repression the object-libidinal cathexis of the object-idea in question was either present in the Ucs and withdrawn from the connecting elements or else it was withdrawn from the repressed idea itself. The emerging associations restore the object-libidinal cathexes. The ego-boundary itself may be narcissistically overcharged—in the obsessional neurosis—or else undercharged or uncharged. And the memory-ego-feeling depends only on this narcissistic cathexis or re-cathexis.

The condition of *déjà-vu*, for which, as far as its economics and contents are concerned, Freud postulated a connection with an unconscious displacement, has been rightly attributed to depersonalization by all writers except Freud himself. In this process, which is always felt as a violent disturbance of the self-evident stability of the feeling of one's own existence, an experience, as is well known, is suddenly apprehended as having happened once before, at which point the time-feeling is so lost that one does not know whether this 'once before' was immediately previously or unimaginable ages ago. With many depersonalization patients this phenomenon is always recurring, and is diagnosed by them as a feeling of alienation; as these patients are experts in diagnosis, I have no doubt that the *déjà-vu* consists in a fairly short alienation. The state of affairs is as follows: quite transitorily a memory in the form of an emerging experience passes the ideational ego-feeling-boundary, or a perception the perceptive ego-feeling-boundary, in the first place at a moment when the boundary is without narcissistic cathexis and immediately afterwards when it has again received a narcissistic cathexis. In the last two years I have had no case of *déjà-vu* and thence cannot decide whether in many cases of *déjà-vu* the experience simultaneously passes to ego-feeling-boundaries, of which one is charged with narcissistic cathexis and the other is deprived of it, or whether the same boundary is passed in rapid succession. Thus it resembles the state of diplopia, which can be induced by looking through a prism with one eye or by looking through an amblyoscope (with two indices of refraction). The boundary which has become blunted narcissistically takes away the feeling of the present and the evidential feeling, the narcissistically excited boundary permits them. Thus the *déjà-vu* appears to be a particularly good illustration of our assumptions. It also confirms the connection with internal shock, for in varying measure this often precedes the *déjà-vu* or else appears with it.

We saw too that with *déjà-vu* the time-feeling may be alienated. Many depersonalization patients complain of this alienation. Thus we must assume that there is an ego-feeling-boundary with a narcissistic cathexis which is directed against the time-perception. This assumption coincides with the libido-theoretical explanations given by Freud in his paper on the *Wunderblock*.⁸, and by Hollós, of the double course of the cathexis that takes place in the Pcs or else in the Ucs or Cs, according to whether conscious or unconscious time-perception is in question. The real orientation in time, the knowledge of the passage of time, as with all other depersonalization phenomena, is unaltered. An exact enquiry into time-alienation should give us still more exact knowledge of *déjà-vu* and of the narcissistic cathexis between Pcs and Cs.

IV

Our new discoveries make more intelligible a problem in psychosis. When an idea which otherwise possesses only an intellectual or imaginative force is felt as real in the outer world, we describe it as a hallucination; a complete projection has taken place. This process is explained if we might assume that, just as we found that the corporal ego-feeling may regress to an earlier condition (smaller size), so even ego-boundaries otherwise abandoned may be charged anew with narcissistic cathexis. The voice, which once really was heard through an ego-boundary, lost the character of reality when this ego-boundary was enlarged or else replaced by one of wider compass. But if the old smaller ego-boundary is once again partially charged with narcissistic cathexis, then the voice again acquires the reality-feeling. We do in fact find psychotic hallucinations that occur simultaneously with ego-regressions. But even without regression an ego-boundary, e.g. in delirium, may be transiently charged with a fresh cathexis.

I can do no more than mention here that alienation processes do occur which lead us to infer a narcissistically-charged boundary between ego and super-ego: the conscience can be alienated.

In connection with the ego-super-ego-boundary reference must be made to the narcissistic psychoses and neuroses, whose dynamics and topography can probably be much more exactly investigated by taking into account the ego-boundary revealed by alienation feelings. States of depersonalization do not constitute a disease-entity, but vary clinically in form and intensity, amongst almost normal people, in so-called psychasthenia and other actual neuroses, and in the mildest and severest

⁸ Known to the trade in England as the Printator.

cases of schizophrenia and manic melancholia. I believe that the word 'narcissistic' will be used less and less merely as a description of a tendency, and that it will be used to denote qualitatively different typical synapses in the psyche.

Our further task will consist in the more exact investigation of that psychosis which only the most healthy person avoids during sleep, i.e. dreams. I must content myself with stating that the 'ego in the dream', so far as corporal-ego feeling no less than mental ego-feeling is concerned, varies with the individual in different dreams even in the same night, and varies with different people. These variations have to do also with the dynamics of dreams and with the habitual narcissistic cathexis of the sleeper in his waking condition; the laws governing these matters await further research.

Consideration of dreams suggests many as yet unsolved problems in our present theme, but I shall introduce them into the enquiry only in so far as they have some bearing on the last subject with which I propose to deal, that of the alienation of the will. Many of these patients complain of the automatism of their actions, as if they were not aware of any volition. They say that they act as if in a dream. In other contexts depersonalization patients describe the alienated world as dream-like. In actual dreams, however, there is no alienation feeling. Even if the reality-test is roused and the dreamer recognizes a process to be altogether surprising and contradictory of his usual experience, e.g. that his dead father is alive, he still submits to it against his better knowledge. Thus all dream pictures are perceived with a narcissistically charged ideational-feeling-boundary, if we may in general assume for the dream-ego the same ego-structure as we do for the waking state. These are questions which have been answered by Freud's theory of dreams, but which ought to be confirmed by fresh observation.

As with alienation, so in the majority of cases with dreams, corporal ego-feeling is either lacking or else much reduced; as with many alienation patients time-feeling is most lacking; but in ordinary dreams especially the will—apart from a scanty residue⁹ that seldom

⁹ Even in a typical dream in which, for example, the dreamer wants to catch a train, we seem to have to do not with an exceptional awakening of the will but only with will-memories. Even these will-impulses come to an end unregulated in the dream.

Somnambulists' dreams require to be more particularly investigated. In any case the above remarks relate not to such abnormal dreams and not to the rare dreams in which volition is experienced.

appears—is lacking. Freud has referred to this in his *Traumdeutung*. And Janet too calls aboulia the first common element of dreams and alienation. The alienation patient notices this peculiar kind of aboulia, which is not really one. The dreamer experiences it naïvely, without noticing it, and without comparing it with volition in the waking state.

It does not contradict our explanation of alienation that in dreams the corporal-ego feeling is so often lacking, without alienation being felt by the dreamer. The dreamer is not faced with an outer world ; but in so far as he dreams he is awake and he receives the emerging ideas with a narcissistically charged boundary which precisely conditions the relative evidence of the dream-images. We are bound to assume that it is not the perceptive boundary with which he receives the images. We do not know whether that feeling of dreaming, which so often occurs, corresponds to the awakening of this boundary and a feeling of alienation. Nor do I yet know whether the corporal-ego feeling ceases in such dreams. We psycho-analysts are accustomed to recognize small indications in the manifest dream as representing important processes paralysed by sleep. Now we find one such indication in a dream when an action of the will has supervened without the dreamer being aware of the will. Instead of his volition the dreamer has a quite momentary accentuation of the corporal ego-boundaries, i.e. of a part of the corporal-ego feeling which has hitherto been lacking. In a dream in which there is no memory of any corporal-ego feeling at all, the arm is felt if it carries something. This bestowal of narcissistic cathexis is what corresponds in the dream to an act of will. Similarly in the case of an alienated person who succeeds in feeling the voluntariness of his action even the corporal-ego feeling for the parts of the body concerned is re-established.

Thus we see that for the act of will as for the attention the narcissistic corporal ego-boundary-cathexis, apart from the libidinal object-cathexis, is necessary. But neither the object-libidinal cathexis alone, nor it and the narcissistic corporal ego-cathexis together, suffice for the act of will ; indeed these are present even in dreams and yet no act of will occurs. Nor are they—as we have already learnt—specifically necessary for volition. We find the object-libidinal cathexis in every wish, or in passive predilection ; narcissistic corporal-ego feeling cathexis belongs to the normal complete ego even when the will is not felt.

It is self-evident that in the experiencing of the will the psychical representative of muscle action supervenes. But there is also a will with deferred innervation. For the act of will to take place a particular

process is essential which is invariably absent in dreams and is disturbed in those more severe states of ego-disorder, which exceed mere alienation in the act of will and increase into the 'dream-like' character of the act. Freud has revealed this process in his theory of consciousness in the *Traumdeutung*. We may describe it as a regulation of the dispersal of quantities of object-libido.

Let us consider what the real dream-quality in dreams consists in : the dream-images pass by without the dreamer—in the usual dream—apart from a partial awakening of an otherwise sleeping system, being in a position to retain or call back a dream-image, as he can in waking. In dreams the ego is surrendered in a completely passive way to the dream-elements which have emerged from the Ucs ; there is no ' backwards ', no tarrying in dreams. Thus this act of tarrying, which is common to thought and will, belongs to a system that is paralysed in dreams. As this latter does not appertain to the already familiar narcissistic cathexis, the retention of the object-libido in the waking state must proceed from another source of power. Now the will belongs unconditionally to the ego. This force proceeds from the non-libidinal part of the ego, from that instinct which Freud has called the death-instinct, not only because it ultimately leads to death but also because as the instinct of attack and defence it would in the first place like to kill. Thus by a process of elimination we have arrived at the point where we can recognize the will as the non-libidinal part of the ego. As psycho-analysis has occupied itself chiefly with the unconscious and the libido, the investigation of the will has so far played only a small part in it.

v

Now that we have in this way at last found confirmation even for the bisection into love and death instincts, we will in a brief retrospect point out what seems to be the nature of the advance we have made in this enquiry. We have found those ego-disturbances by whose means the psyche is rendered unable to withstand the traumatic or otherwise injurious effect of the claims of the libido. These are : shock-experiences and the withdrawal of narcissistic ego-boundary-cathexis. We have thus given a quite specific metapsychological content to Janet's '*fonction du sentiment du réel*' no less than to what Minkowski called the '*notion de perte de contact vital avec la réalité*'. By observing the actual psychosis which appears in the guise of alienation, we have demonstrated anew the function of the libido in building up the ego. Our observations seem too to open out a new path for investigating ego-structure.

THE PROBLEM OF MELANCHOLIA ¹

BY

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The insight which psycho-analysis has gained into the clinical picture of melancholia is the result of the investigations of Freud and Abraham. Abraham was the first to turn his attention to this subject. As early as 1911 he asserted [1] ² that melancholia represents a reaction (comparable to that of grief) to the loss of love (the object). Some years later Freud, having in the interval begun his researches into the nature of narcissism, took the decisive step which led to the analytical elucidation of the subject of melancholia [2]. He recognized that in melancholia the object which has been renounced is set up again within the ego and that thus in his self-reproaches the patient is continuing his aggressive tendencies against that object. The first conditioning factor in this process he showed to be the regression from an object-relation to a narcissistic substitute for it and, next, the predominance of ambivalence, which replaces love by hate and oral incorporation. In a later work [3] Freud supplemented this hypothesis by the observation that the cruelty of the super-ego in melancholia results from the defusion of instincts which accompanies the act of identification. In 1923 Abraham published a second and comprehensive work on melancholia [4]. By a number of excellent individual observations he was able to confirm Freud's conclusions in all points and he added several important clinical discoveries. He emphasized the melancholiac's incapacity for love—an incapacity springing from his ambivalence—indicated the large part played in the mental productions of such patients by cannibalistic and oral instinctual impulses and revealed in the history of their childhood a 'primal depression' from which they had suffered at the height of their Œdipus development as a reaction to the double disappointment of their love for mother and father.

We now understand the mechanism of melancholia in so far as Freud has dissected it into its separate parts and Abraham has traced the forces at work in it to elementary impulses of the component

¹ Read before the Tenth International Psycho-Analytical Congress, Innsbruck, September 1, 1927.

² The figures in brackets refer to the bibliography at the end of this paper.

instincts. But the plan according to which these separate mental acts are combined to form the whole structure of melancholia, its origin and its specific meaning are still wholly obscure.

I shall endeavour to indicate to you to-day how far the analysis of the ego and its narcissism enable us to penetrate deeper into the nature of melancholia.

The most striking feature in the picture displayed by the symptoms of depressive conditions is the fall in self-esteem and self-satisfaction.³ The depressive neurotic for the most part attempts to conceal this disturbance; in melancholia it finds clamorous expression in the patients' delusional self-accusations and self-aspersions, which we call 'the delusion of moral inferiority'. On the other hand, there are in the behaviour of melancholiacs many phenomena which are in complete contradiction to the patient's general self-abasement. Freud gives the following description of this remarkable inconsistency in such patients [2]; 'they are far from evincing towards those around them the attitude of humility and submission that alone would befit such worthless persons; on the contrary, they give a great deal of trouble, perpetually taking offence and behaving as if they had been treated with great injustice'.

He adds the explanation that these latter reactions are still being roused by the mental attitude of rebellion, which has only later been converted into the contrition of the melancholiac. As observation shews, the acute phase of melancholia (or depressive conditions) is regularly preceded by such a period of arrogant and embittered rebellion. But this phase generally passes quickly and its symptoms are then merged into the subsequent melancholic phase. In the transitory symptoms which occur during analytic treatment we have an impressive picture of this process. Let us now endeavour to throw some light on this rebellious phase from the patient's previous history and a consideration of the type of persons who are subject to it.

We will begin by describing the characteristics which may be recognized in the ego of persons predisposed to depressive states. We find in them, above all, an intensely strong craving for narcissistic gratification and a very considerable narcissistic intolerance. We

³ [*Selbstgefühl*, usually translated by the neutral word 'self-regard', is used by this author in a more positive sense and is variously translated here, by self-respect, self-esteem and self-satisfaction, as well as by self-regard.—Ed.]

observe that even to trivial offences and disappointments they immediately react with a fall in their self-esteem. Their ego then experiences an urgent craving to relieve in some way or other the resulting narcissistic tension. The ego may be completely absorbed by this and be paralysed for all further activities. A stronger individual, on the other hand, will scarcely react at all to such frustrations, will endure without harm trivial variations in the degree of his self-esteem and will accommodate himself to the inevitable delay in its restoration. Those predisposed to depression are, moreover, wholly reliant and dependent on other people for maintaining their self-esteem; they have not attained to the level of independence where self-esteem has its foundation in the subject's own achievements and critical judgement. They have a sense of security and comfort only when they feel themselves loved, esteemed, supported and encouraged. Even when they display an approximately normal activity in the gratification of their instincts and succeed in realizing their aims and ideals, their self-esteem largely depends on whether they do or do not meet with approbation and recognition. They are like those children who, when their early narcissism is shattered, recover their self-respect only in complete dependence on their love-objects.

Thus the favourite method employed by persons of this type for increasing their self-respect is that of attracting to themselves narcissistic gratification from *without*. Their libidinal disposition is easy to comprehend; the instinctual energies which they direct towards objects retain strong narcissistic elements, and therefore passive narcissistic aims prevail in their object-relations. Freud postulated [2] that the melancholiac's 'object-choice conforms to the narcissistic type'; this characteristic may be regarded as a special instance of my general statement.

Besides dependence on the love-object we find in persons prone to depressive states a number of secondary characteristics which must be present in order to make up this typical disposition. Such persons are never weary of courting the favour of the objects of their libido and seeking for evidences of love from them; they sometimes expend an astonishing skill and subtlety in this pursuit. This applies not only to the objects of their purely sexual feelings: they behave in exactly the same way in relations in which their sexual instinct is inhibited in its aim and sublimated. They are wont to have a considerable number of such relations, for they are most happy when living in an atmosphere permeated with libido. But as soon as they are sure of the affection or

devotion of another person and have entered into a fairly secure relation with him or her their behaviour undergoes a complete change. They accept the devoted love of the beloved person with a sublime non-chalance, as a matter of course, and become more and more domineering and autocratic, displaying an increasingly unbridled egoism, until their attitude becomes one of full-blown tyranny. They cling to their objects like leeches (to use a phrase of Abraham's) and feed upon them, as though it were their intention to devour them altogether. But all this takes place without their self-critical faculty being aware of it; as a rule they are just as unaware of the wooing character of their attitude as of its subsequent reversal or of the tenacity with which their sadism fastens on their love-objects. Taking this attitude into consideration we can hardly wonder that they react with embittered vehemence to aggression on the part of others or to the threat of withdrawal of love and that they feel the final loss of the object of their tormenting love to be the greatest injustice in the world.

Such, approximately, is the process leading to the indignant rebellion which precedes the turning of the subject's aggressive tendencies against himself in melancholia. Let us for the moment leave out of consideration the introjection of the object, to which process Freud has traced the reversal of mood in this disease, and let us try to see how melancholia can be accounted for on the same psychological premises as have explained the patient's passing into the phase of rebellion. It will then be obvious that his contrition can only be a reaction to the failure of his rebellion—a fresh weapon (the last one) to which his ego has recourse in order to carry out its purpose. That which it could not accomplish by rebellion it now tries to achieve by remorseful self-punishment and expiation. The ego does penance, begs for forgiveness and endeavours in this way to win back the lost object. I once [5] described melancholia as a great despairing cry for love, and I believe that our present context justifies us in so conceiving of it.

But, you will object, this cannot be so, for the melancholiac has surely withdrawn his interest from the object: it exists for him no longer. How can he be striving to be reconciled to this object and to recapture its affection? You are right; but the melancholiac has transferred the scene of his struggle for the love of his object to a different stage. He has withdrawn in narcissistic fashion to the inner world of his own mind and now, instead of procuring the pardon and

love of his object, he tries to secure those of his super-ego. We know that his relation to the object was marked by the predominance of the narcissistic desire to be loved, and it is quite easy for this aspiration to be carried over to his relation with his own super-ego. It is as if the ego of the melancholiac were to say to his super-ego: 'I will take all the guilt upon myself and submit myself to any punishment; I will even, by ceasing to care for my bodily welfare, offer myself as an expiatory sacrifice, if you will only interest yourself in me and be kind to me'. Thus it seems that in melancholia there is an attempt to decide the conflict with the object on a field other than the real one: there is a narcissistic flight from the object-relation to that with the super-ego and, by this regressive step, the ego is removed from reality.

From this behaviour of the melancholiac we may venture to divine the processes which once took place within him at the time when the formation of his super-ego was in progress. He was a child of a narcissistic disposition, whose self-esteem depended entirely on his parents' love. What an improvement in his mental situation when he began actively to reproduce their requirements in his own mind! He was then able to say to them: 'There is no need for you to correct me any more, for I tell myself what you expect of me and, what is more, I will do it'. But there were also times when he was naughty and his parents were very angry. Then he understood that he had only to pay the penalty and to ask for forgiveness, in order to be reconciled to them. The next time he offended, it occurred to him that he might do penance of his own accord and punish himself, in order quickly to win his parents' forgiveness. Incidents of this sort are related to us in our patients' analyses and children are known actually to carry out this idea. We can easily imagine that, later, this process takes place in the child without his knowing it. He begins *unconsciously* to reproduce within his mind the punishments anticipated from his parents and, in doing so, he unconsciously *hopes to win love*. Some unmerited narcissistic injury, e.g. an estrangement from his parents through no fault of his own, is probably the original motive for such an unconscious attempt at reparation. In some such way we may reconstruct the process by which the person who subsequently succumbs to melancholia (and certainly he is not alone in this respect) produces the mechanism of self-punishment.

But, as soon as the active reproduction of parental punishment ceases to have reference in the conscious mind to the parents them-

selves and is carried out unconsciously, the intention is no longer that the subject should be reconciled to them but to the super-ego, which is their internal mental representative. Instead of the early process of putting matters right in actual fact with the parents, we have the purely psychical process by which he puts them right with his super-ego, as happens later in melancholia. But in relation to external reality this inner process remains entirely ineffective. With the unconscious reproduction of parental punishments the oral-narcissistic process of introjection (the formation of the super-ego) has overstepped the limits of its social usefulness: self-punishment is a part of the infantile relation to the object, a survival which controverts reality and takes an inward direction. In its dread of losing love the infantile ego has clearly gone too far; its narcissistic craving remains unsatisfied, even when it submits itself to the destructive effects of self-punishment. In so far, then, as the ego in melancholia gives itself up to this mechanism, it has broken off its relations with reality and jeopardized its existence in vain.

We have seen how self-punishment takes place in the hope of absolution and has its origin in the longing for love. Now I am sure you will share my critical suspicion that the close connection between *guilt*, *atonement* and *forgiveness*, so deeply rooted in our mental life, cannot possibly owe its enormous importance simply to the experiences of the growing child in the course of his training. It is certainly a momentous step when the child begins to grasp the idea of guilt and to experience the peculiar quality of the sense of guilt. But it seems as though he were already prepared for this experience, so as to understand straight away the next conception: that of punishment and expiation and, above all, that of final forgiveness. Our study of melancholia enables us actually to see into the history of this mental structure—a history reaching back to the primal dawn of the mind—and to lay bare the ultimate foundations of experience upon which it is built. Here I may refer to a conclusion which I have already suggested elsewhere [5]. Briefly it is this: that, when the child passes from the period of suckling, he carries with him, indelibly stamped on his mind, a sequence of experiences which *later* he works over so as to form the connection: guilt—atonement—forgiveness. You can observe in the nursery how the infant, if its craving for nourishment awakens in the absence of the mother, flies into an impotent rage, kicks and screams, and then, exhausted by this reaction to its helplessness, falls wholly a prey to the torments of hunger. But you know also that this

cruel experience is finally followed with *unfailing certainty* by the reappearance of the mother and that in drinking at her breast the child experiences that oral-narcissistic bliss which Freud is certainly right in describing as the prototype, never again attained to, of all subsequent gratification [6]. The whole process constitutes a *single* sequence of experiences, countless times repeated, of whose responsibility in determining future development we surely need no further proofs. From the paroxysm of rage in the hungry infant proceed all the later forms of *aggressive reaction* to frustration (e.g. devouring, biting, striking, destroying, etc.) and it is on these that the ego, in the period of latency, concentrates its whole sense of guilt. The hypercathexis of the impulses of aggression with manifest feelings of guilt is the consequence of a normal advance in development, which the material produced in our analyses enables us to follow without effort, while the knowledge arrived at by Freud makes it easily intelligible. At the height of the phallic phase the infantile ego (intimidated by the dread of castration—loss of love) has to renounce its dangerous Œdipus wishes and to secure itself against their recurrence. To do this it forms out of the primary function of self-observation a powerful institution (the super-ego) and develops the capacity for becoming aware of the criticisms of this institution in the form of a dread of conscience (the sense of guilt). The newly-acquired reaction of conscience deals a death-blow to the Œdipus complex, but the impulses embodied in that complex undergo different fates. The genital impulse succumbs to repression; its motor elements are inhibited and the group of ideas (incest-phantasies, onanism) which were cathected by it vanish from consciousness and leave no trace behind them. The aggressive impulse, on the other hand, cannot be warded off in so effectual a manner. Its driving force is, it is true, paralysed by the setting up of a powerful anti-cathexis, but the ideas cathected by it are retained in consciousness. Evidently the ego is incapable of erecting a barrier against the manifestations of aggression as it does against those of gross sensuality. The former are constantly presented to it by the unavoidable impressions of daily life and not least by the aggressive measures adopted by those who train the child. Education must therefore content itself with *condemning* his acts of aggression in the most severe terms and causing him to attach to them the ideas of guilt and sin. The close relation between genitality and repression on the one hand and aggression and defence through reaction on the other—a relation to which Freud has recently drawn attention [7]—thus has

its roots in the child's practical situation. Subsequently, the repressed guilt connected with genitality (i.e. the guilt which is incapable of entering consciousness) hides itself behind the guilt of aggression, which persists undisguised in the conscious mind; and thus the sadistic impulse (which, genetically, goes back to the infant's outbreak of rage) also becomes the manifest carrier of the whole feeling of incest-guilt, this being displaced from its genital source. The torments of hunger are the mental precursors of later 'punishments' and, by way of the discipline of punishment, they come to be the primal mechanism of self-punishment, which in melancholia assumes such a fatal significance. At the bottom of the melancholiac's profound dread of impoverishment there is really simply the dread of starvation (that is, of impoverishment in physical possessions), with which the vitality of such part of his ego as remains normal reacts to the expiatory acts which threaten the life of the patient in this disease. But drinking at the mother's breast remains the radiant image of unremitting, forgiving love. It is certainly no mere chance that the Madonna nursing the Child has become the emblem of a mighty religion and thereby the emblem of a whole epoch of our Western civilization. I think that if we trace the chain of ideas, *guilt—atonement—forgiveness*, back to the sequence of experiences of early infancy: *rage, hunger, drinking at the mother's breast*, we have the explanation of the problem why the hope of absolution and love is perhaps the most powerful conception which we meet with in the higher strata of the mental life of mankind.

According to this argument, the deepest fixation-point in the melancholic (depressive) disposition is to be found in the 'situation of threatened loss of love' (Freud [7]), more precisely, in the hunger-situation of the infant. We shall learn more about it if we examine more closely that experience of 'oral-narcissistic bliss' which is vouchsafed to him in his extremity. I have elsewhere [8] tried to demonstrate that pleasurable stimulation of the mouth-zone does not constitute the whole of the oral-libidinal gratification but should rather be regarded as its more conspicuous antecedent. I thought there was reason to refer the climax of this enjoyment to the subsequent, invisible part of the process, which I termed 'the alimentary orgasm' and which I have assumed to be the precursor, along the road of evolution, of the later genital orgasm. We now see that the alimentary orgasm of the infant at the mother's breast is a phenomenon with important consequences, whose influence radiates out into the whole of his later life. It satisfies the egoistic cravings of the little human being for

nourishment, security and warmth, fulfils the longings of his budding object-instincts and, by the blending of all these factors it induces in him a kind of narcissistic transport which is inseparably connected with them. It is perhaps more correct to say that this tremendous experience of gratification contains, as yet inextricably combined, all the components which subsequent development will differentiate and carry forward to different fates. But it comes to the same thing : we cannot fail to recognize that the infant's dawning ego acquires in this narcissistic gratification that mental quality which it will later experience as 'self-satisfaction'. This feeling is, in its origin, the reaction of the dawning ego to the experience which is biologically the most important to it, namely, that of alimentary orgasm. Later on the principal incentives for stimulating self-esteem will be the ego's developments in the direction of power and all the forms of activity by which it obtains gratification—we can actually distinguish within self-esteem a progress from the oral to a sadistic-anal and thence to a genital level (corresponding to the varying technique of acquisition)—but the peculiar quality of the experience persists as a specifically differentiated memory-symbol of that early ego-reaction which was conditioned by the alimentary orgasm.

If we take into consideration the fact that the quality of feeling which is experienced as self-esteem (as this has already been described by Bernfeld [9]), can, by the addition of fresh factors, advance in successive stages to the pitch of exaltation, triumph, ecstasy and intoxication, we may feel that the chain of connected ideas is brought to a satisfactory end. I discovered already some time ago through another channel that states of intoxication in adults are derived from the experience of blissful repletion in the process of nutrition. Now it is precisely for melancholia that the genetic sequence here worked out : *alimentary orgasm—self-satisfaction—intoxication*—is of importance. As we have heard, the melancholiac tries to restore his seriously diminished self-esteem by means of love. His behaviour strikes us as morbid, because it is related not to the object but to his own super-ego. But it leads to a result which is entirely logical though none the less pathological. I refer to mania, in which disease, as Freud has recognized [10], the ego is once more merged with the super-ego in unity. We may add that this process is the faithful, intra-psychic repetition of the experience of that fusing with the mother that takes place during drinking at her breast. The earliest (oral) technique for the renewal of self-satisfaction is revived on the psychic plane and results—as is psycho-

logically perfectly correct—in the transports ⁴ of mania. The manic condition succeeds the phase of self-punishment with the same regularity with which formerly, in the biological process, the bliss ⁴ of satiety succeeded to hunger. We know, further, that the ego has yet another pathological method to which it can resort in order to bolster up its tottering self-esteem. This method also takes the alimentary orgasm as its prototype: it consists of a flight into the pharmacotoxic states to which the victims of drug-addiction have recourse.

Let us go back to our earlier statement that the ego, finding that its rebellion against the loss of its object is futile, changes its psychological technique, confesses that it is guilty and passes into a state of remorseful contrition. Here the question arises exactly why and of what does the ego feel itself guilty? In depressive neurotics we need to get through a great deal of work in order to answer this question with any certainty. With the melancholiac, however, who in this respect is so frank with us, we have only to listen attentively and then we easily arrive at the inner meaning of his self-reproaches. He feels guilty because by his aggressive attitude he has himself to blame for the loss of the object, and in this we certainly cannot contradict him. We observe, too, that this confession of guilt by the ego is modelled on infantile prototypes and its expression is strongly reinforced from infantile sources. Nevertheless, precisely the most striking characteristics of the melancholiac's atonement would still be incomprehensible were it not that we know that this behaviour is contributed to very largely from another quarter.

There is indeed another psychic process at work, parallel with the melancholic atonement. It has its origin in the sadistic trend of hostility to the object, which has already shown its force in the ambivalent character of the love-relation, which later supplied the fuel for rebellious reactions, and which brought the ego over to the other view, namely, that the object alone was to blame for the quarrel, having provoked the rigour of the ego by its caprice, unreliability and spite. Freud's discovery, which I mentioned at the beginning of this paper, revealed to us the surprising fact that in melancholia this overmastering aggressive tendency of the id proves stronger than the ego. When the latter has failed ignominiously to carry through the claims of its hostile impulses towards the object (i.e. when the phase of rebellion collapses) and

⁴ [*Rausch*: This word is the same as that used by the author for the effect of drugs, then and here too also translated by 'intoxication'.—Ed.]

thereupon adopts an attitude of masochistic remorse towards the super-ego, the aggressive tendency of the id goes over to the side of the super-ego and forces the ego itself, weakened by its expiatory attitude, into the position of the object. Thereafter the super-ego visits upon the ego all the fury which the ego would otherwise have been capable of visiting upon the object. In the past the ego sallied forth into the world in order to find gratification for its narcissistic craving for love, but the demands of its sadism brought it to grief; now, turning away from reality, it seeks for narcissistic gratification within the mind itself, but, here again, it cannot escape the overpowering force of the aggressive instinct. The self-punishments assume forms very different from that of the expiation which may have hovered before the imagination of the ego, and are carried to a degree far in excess of it. In its remorse the ego turned, full of confidence, to a benevolent being, whose punishments would be but light; now it has to bear the consequences of its infantile trustfulness and weakness. Since, in its perplexity, it cannot rid itself of the hope of the forgiveness which shall save it, it submits to the rôle of object, takes upon itself the whole guilt of the object and suffers without resistance the cruelties of the super-ego. Its own self is now almost annihilated—only its various dreads (expressed in distorted forms) betray that the core of the ego still exists. Such total capitulation on the part of the ego to the sadism of the id would be incomprehensible, if it were not that we realize that it falls a victim to the indestructible infantile illusion that only by yielding and making atonement can it be delivered from its *narcissistic* distress.

This, then, is the change of grouping which the 'synthetic function' brings about in the ego of the melancholiac. From instinctual processes whose origin and trend are diametrically opposed it succeeds in organizing the mental activities into one great and unified whole, these heterogeneous elements appearing as operative factors which are mutually dependent and complementary. The repentant ego desires to win the forgiveness of the offended object and, as an atonement, submits to being punished by the super-ego instead of by the object. In the undreamed-of harshness of the super-ego the old tendency of hostility to the object is expending its fury on the ego, which is thrust into the place of the hated object. Thus, the result of this synthetic process is a very extensive loss of the relation to reality and complete subjection of the ego to the unrestrained tyranny of the sadistic super-ego, which, as Freud remarks, has arrogated to itself the consciousness

(and, we may now add, also the 'synthetic function') of the melancholic personality.

Here we must pause, for we cannot suppress our astonishment at this conclusion. This, so to speak, symmetrical solution which we have discovered for the conflicts of the ambivalent instinctual impulses is certainly tempting in form, and in content it is based in all its elements on assured data acquired by observation, but it appears to contain a hopeless contradiction. According to our construction the object would have to undergo two different processes of incorporation, being absorbed not only by the super-ego but by the ego—an idea which at first sight we cannot grasp and which we mistrust. Either our explanation is erroneous or we still lack insight into certain fundamental relations. I hope to be able to shew that the latter is true and that the difficulty can be solved. But, in order to do this, we must go back a little further.

Freud has assumed, for good reasons, that sensory perception is at the outset entirely controlled by the pleasure-principle. Only what is pleasurable is perceived; that which is painful is, as far as possible, ignored. It is a long time before this latter also gains psychic representation in the child. When it does so, the period begins in which the world clearly consists, in the child's view, of two kinds of ideas: those of things which are pleasurable and those of things which are painful. But there are certain tricky things which are sometimes a source of pleasure and sometimes of pain: the mother, for instance, according to whether she caresses her child with a happy smile or is angry and disregards or even hurts it. It is easy for us to say that it is one and the same mother in two different moods. It signifies an enormous advance when the child reaches the point of being able to make this synthesis; at first he is incapable of such an achievement of thought. He is still wholly dominated by the pleasure-principle, and he distinguishes between these two impressions as objects which are 'good' or 'bad', or, as we may say, as his 'good mother' or his 'bad mother'. The experiences and recollections connected with the mother do not form in the child's mind *one* continuous series, as we should expect in the case of adults. His perceptions and memory-images of the *one* real object produce *two* series, sharply differentiated according to their hedonic value.

This primitive mode of functioning of the dawning intellectual activity acquires a lasting importance in our mental life from the fact that it is connected with the ambivalence of instinctual life. The 'good'

(pleasure-conferring) and the 'bad' (frustration-inflicting) mothers become for the child *isolated objects* (instinct-representations) of his love and his hate. This duality of the objects persists in such thinking as is instinctually controlled, even when the child from the purely intellectual standpoint grasps the complete idea of 'mother' (including both her 'good' and her 'bad' moods). As soon as he comes under the influence of a strong love-impulse his whole real knowledge about the bad side of his mother is simply blotted out; and, conversely, when his hate-impulses break through, there is nothing in the mother who is now 'bad' to remind him that this mother is also wont to be good. It is easy to understand this behaviour: it means that the still weak ego is avoiding the conflict of ambivalence by turning with its love to a mother who is *only* loveable and with its hate to another mother who deserves *only* hate. While in this condition the child, from his subjective standpoint, cannot yet be described as 'ambivalent' at all; ambivalence is established only when education succeeds in causing him to relate the two contrary discharges of instinct to the one real mother-object, that is, when he has 'learnt to know' what he is doing. By this means education compels him to repress at any rate the worst part of his aggressive tendencies. His aggression, warded off by the ego, then remains in the unconscious fastened upon the isolated representation 'bad mother', a fact which ensures the continuance of this partial idea. When the child has recognized the sad truth that his mother is sometimes 'good' and sometimes 'bad', there arises in him in his craving for love the constantly increasing longing for a mother who is 'always only good'. The isolated image of the 'good' mother now persists in his mind as a strongly-cathected *wish-idea*.

I would note here that persons who have the care of little children reveal in their behaviour an instinctive knowledge of the duality of the child's conception. When a nurse, after scolding her little charge, desires to soothe him, she makes use of a certain comforting expedient. 'The naughty boy has gone away', she says, 'there is only our good boy here now'. Or if, perhaps, she perceives that she has been unjust to the little boy, she will give herself one or two slaps in front of him and then say of herself: 'Naughty Marie has gone away: there is only good Marie here now'. You observe how this innocent game confirms the child's instinctive view that bad people are there to be slain, for to be 'away' means to be dead. We may say, further, that in this double idea we have the origin of the good and evil spirits which

primitive man conceives of as 'possessing' people or things, and also of the idea of a 'double' which in dreams, myths and other creations of the unconscious is so often met with as an expression of ambivalence.

The child's longing for a father and mother who shall be always 'only good' is constantly being reinforced by the threats with which he is menaced (castration) and by painful punishments, and it finally provides the motive force for the formation of the super-ego. In saying this we are only expressing in a somewhat modified form a discovery of Freud's which has become familiar to us. Our formulation of it is designed to bring into prominence the part played in psychology by these pairs of ideas. We gain a clear picture of the situation in the phase in which the super-ego is being formed, if we attribute to the infantile ego the following train of thought:—

'My parents must never punish me any more, they must *only* love me. Their image within my mind—my super-ego—will now see to it that they need never again be angry with me. Of course my super-ego also must love me. But if the function of my super-ego is to secure for me my parents' love, then it must be able to compel me to desist from certain actions. If necessary, it must be very severe with me and, nevertheless, I shall love it'.

According to this description the formation of the super-ego is an attempt of the ego to realize its desire to transform the alternately 'good' and 'bad' parents into parents who are 'only good'. In pursuit of this intention the ego must above all renounce its genital and sadistic impulses, in so far as they are directed against the parents (Edipus libido of the id). Moreover, it must make up its mind to accord to the internalized parents (the super-ego) the right to be angry and severe on occasion; nevertheless, the ego will not cease to love them and to desire their love. In taking this decision the ego makes over to the super-ego the control of those instinctual energies of the id whose activity it has itself renounced.

Thus the parental institution set up within the mind (introjected) is in all points a creation of the ego. The ego in the first instance constructs this institution from its 'good parents' and also from the behaviour of the 'bad parents'. That is to say, the ego *loves* the internalized parents just as it loves its 'good parents' in reality, but it must not allow itself to *hate* them like its 'bad parents', even if they behave like 'bad parents'. We see then that the super-ego when it comes into being takes over from the ego the group of ideas relating to 'good parents' together with the cathexis pertaining to it, whilst it

borrowed from the group of ideas relating to the 'bad parents' only its *content*. The erotic and aggressive forces with which the super-ego has to work are placed at its disposal by the ego when the latter abandons its own right to employ them; they are drawn from the instinct-reservoir of the id. The sadistic tendency (of hostility to the parents), so far as it resists this fate, is banished by the ego unaltered into the realm of the repressed, where it already finds a representation in the isolated partial idea of the 'bad parents'. A similar fate overtakes that remainder of the crudely sensual sexual trend which refuses to be turned inwards (in the form of desexualization and surrender to the super-ego). Thus the ego strives earnestly to give to its old dream of parents who are 'only good' living realization in the real parents.

At this point I must again emphasize the one-sided orientation and the schematic character of the account which I have just given. My purpose was simply to define the type of individuals, feminine in their narcissism, to which persons of depressive disposition conform. With this type the mere 'danger of loss of love' is sufficient to compel formation of the super-ego. The purely masculine type, whose narcissism is of a different character and which surrenders only to the pressure of threatened castration, does not concern us here.

We can now return from this excursion back to the question of melancholic introjection. The individual who is later to succumb to melancholia retains all his life, in consequence of the exaggerated ambivalence of his instinctual disposition, very considerable residues of his infantile, duplicating mode of thinking. When he gives play alternately to his ambivalent impulses and thus succeeds in completely withdrawing his consciousness from the light or dark side of the object, as the occasion requires, he is behaving in a manner hardly different from that of the child. It is only clinical observation of this phenomenon, so entirely characteristic of neurotic ambivalence, which enables us by reasoning *a posteriori* to throw light upon the corresponding processes in the development of the child. When, with the outbreak of melancholia, the strong current of regressive processes begins to flow, the subject's idea of his latest love-object, which has hitherto corresponded to reality, must also give way in the end to the archaic demands made on the function of thought by his ambivalence, which has now broken free of all restraint. The 'good object', whose love the ego desires, is introjected and incorporated in the super-ego. There, in accordance with the principle which, as we have just remarked,

governs the formation of this institution, it is endowed with the prescriptive right (formerly so vehemently disputed in relation to the real object), to be angry with the ego—indeed, very angry. The ‘bad object’ has been split off from the object as a whole, to act, as it were, as ‘whipping-boy’. It is incorporated in the ego and becomes the victim of the sadistic tendency now emanating from the super-ego. As you see, the logical inconsistency is really entirely cleared up.

This conclusion now enables us to discover in its fullest implications the hidden meaning of the mechanism of melancholia. For consider: The worst fault by which the ‘bad object’ has incurred guilt, according to the reproach of the ego, is its ambivalence, by which it has ‘provoked’ the ego’s hostility. Now if the ‘bad object’ which resides within the ego is chastised and finally destroyed, all that remains is the object purged of its ‘bad’ element, i.e. the ‘good object’; moreover, the hostility of the ego (of the id) is satisfied and has spent itself. Nothing now stands in the way of the purified ego’s uniting itself with the object, which is also purged of offence, in reciprocal love! When the subject swings over to mania this, the goal of the melancholic process (in the region of the pathological) is fully attained. The ‘bad object’ (as Abraham recognized [4]) is expelled from the ego by an anal act and this is synonymous with its being killed. The ego, freed of its own aggressive tendencies and its hated enemy, heaves a sigh of relief and with every sign of blissful transport unites itself with the ‘good object’, which has been raised to the position of the super-ego.

Thus we come to realize that the process of melancholia represents an attempt at reparation (cure) on a grand scale, carried out with an iron psychological consistence. It is designed to revive the ego’s self-regard, which has been annihilated by the loss of love, to restore the interrupted love-relation, to be as it were a prophylactic measure against the ego’s ever suffering such severe injury again and, with this end in view, to do away with the causes of the mischief, namely, the ambivalence of the ego and that of the object. As to attaining any *real* effect by this line of action, the crucial point is that it does not take place on the right plane, in relation to the object-world, but is carried out, subject to a narcissistic regression, entirely between the separate institutions in the patient’s mind. It cannot restore to the ego the lost object; the final reconciliation with the object (after this has been replaced by the super-ego) is accomplished not as a real process in the outside world but as a change of the situation (cathexis) in the

psychic organization. From this purely psychic act, however, there ensues an important *real* result: the restoration of the subject's self-esteem—indeed, its leap into the exaltation of mania. The difference is clear to us: the melancholic process, set going by a grievous shattering of the subject's narcissism, can by means of a purely psychic shifting of cathexis attain to its *narcissistic* goal (the restoration of self-esteem), even though reality be thereby ignored. Once passed into the state of mania, the ego immediately finds its way back into the object-world. With all its energy released by the sudden change in cathexis it rushes upon reality and there expends its violence. What determines the behaviour of the manic patient is the oral derivation of the psychogenic transport; it is a striking fact that in mania the adult with his manifold potentialities of action and reaction reproduces the uninhibited instinctual manifestations which we observe in the euphoria of the satiated suckling. That the quality of the reactions of a period of life in which the super-ego did not as yet exist should be the pattern upon which is modelled the manic state (the basis of which is a temporary withdrawal of the super-ego) is exactly what we should expect.

The productive energy of the melancholic process is not exhausted when the manic phase has been brought about. When the last echoes of that phase have died away—or sometimes immediately on its passing—this energy finds outlet in the obsessive tinge which it imparts to the subject's character in the 'interval of remission'. One of Abraham's most memorable contributions to our knowledge is his discovery and description of this peculiarity of character [4]. This issue is due to the preponderance of sadistic-anal instinctual energies and is based on a renunciation of the oral restoration of self-esteem in mania. The ego has grown stronger and endeavours to avert in the sphere of reality the dangers with which it is threatened by its ambivalence. Thanks to the subject's full recognition of reality, this endeavour is crowded with considerable success in the direction of cure. The ego, its wits sharpened by its painful experiences, erects widely-flung psychic bulwarks to restrain its ambivalence; through this excess of reaction-formations its character now becomes like that of the obsessional neurotic. But this change in character does more than merely guard the ego against the perils of its ambivalence. By means of the extensive ideal-formation the dangerous aggressive impulses are directed into social channels and thus, by way of fulfilment of the ideal, they minister to narcissistic gratification in accordance with reality. As we know, the power of this mental structure to resist

fresh strains varies extraordinarily with different individuals. But it would be premature to try to make any more exact pronouncement at the present time either on this point or on the other economic problems of the manifold courses taken by melancholia.

In conclusion I should like to devote a few remarks to the problem of *neurotic* depression. Observation shows that the depressive process, in so far as it has caught in its grip the ego of the person suffering from a transference-neurosis, is carried out in exact accordance with the mechanism of true melancholia. That is to say that neurotic depression also has as its basis a narcissistic turning-away from reality, the external object being replaced by psychic institutions and an endeavour being made to solve the conflicts on the intrapsychic plane instead of in the outside world, and by means of a regressively activated oral technique. But there is this difference: these processes almost wholly consume the ego of the melancholic and destroy those functions in him which relate to reality, while in a transference-neurosis they are as it were merely superimposed upon an ego which is, indeed, neurotic but is more or less intact. In the depressive neurotic the object and, with it, the relation to reality, are preserved: it is only that the patient's hold on them is loosened and the weakly ego has begun to give up the struggle with the world—a struggle which it feels to be unbearable—to turn inwards in a narcissistic fashion and to take refuge in the oral-narcissistic reparation-mechanism. Thus, neurotic depression is a kind of partial melancholia of the (neurotic) ego; the further the depressive process extends within that ego at the cost of its relations to the object and to reality, the more does the condition of narcissistic neurosis approximate to melancholia. Accordingly, in an acute access of depression we should expect the issue to turn upon whether in the narcissistic machinery of the ego the oral mechanisms gain the upper hand or whether the sadistic-anal (and genital) mechanisms, whose hold upon the object-world is firmer, are strong enough to safeguard the ego from the plunge into melancholia.

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A SUPPLEMENT TO FREUD'S 'HISTORY OF AN INFANTILE NEUROSIS' ^{1, 2}

BY

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I. DESCRIPTION OF THE PRESENT ILLNESS

In October, 1926, the patient whom we have learnt to know as the Wolf-Man of Freud's 'History of an Infantile Neurosis' consulted Professor Freud, whom he had seen from time to time since the completion of his analysis in 1920. Circumstances which I shall relate shortly had wrought great changes in the Wolf-Man's way of living. The former millionaire was now earning barely enough to feed his ailing wife and himself. Nevertheless, things went smoothly with him until the summer of 1926, when certain symptoms appeared which caused him to consult Freud. At this time it was suggested that if he felt in need of analysis he should come to me. He presented himself in my office at the beginning of October, 1926.

He was suffering from a hypochondriacal *idée fixe*. He complained that he was the victim of a nasal injury caused by electrolysis, which had been used in the treatment of obstructed sebaceous glands of the nose. According to him, the injury consisted varyingly of a scar, a hole, or a groove in the scar tissue. The contour of the nose was ruined. Let me state at once that nothing whatsoever was visible on the small, snub, typically Russian nose of the patient. And the patient himself, while insisting that the injury was all too noticeable, nevertheless realized that his reaction to it was abnormal. For this reason, having exhausted all dermatological resources, he consulted Freud. If nothing could be done for his nose, then something must be done for his state of mind, whether the cause was real or imagined. At first sight, this sensible and logical point of view seemed due to the insight won from the earlier analysis. But only in part did this prove to be the motive for the present analysis. On the other hand, the insight was undoubtedly responsible for the one atypical characteristic of the case: its ultimate accessibility to analysis, which otherwise would certainly not have been present.

He was in a state of despair. Having been told that nothing could be done for his nose because nothing was wrong with it, he felt

¹ Freud, *Gesammelte Schriften*, Band VIII, pp. 437 *et seq.*

² Freud, *Collected Papers*, Vol. III, pp. 473 *et seq.*

unable to go on living in what he considered his irreparably mutilated state. He expressed the complaint voiced in all his earlier illnesses : as a child when he soiled his drawers and thought he had dysentery ; as a young man, when he acquired gonorrhœa ; and finally in so many of the later situations of his analysis with Freud. This complaint, containing the nucleus of his pathogenic mother-identification, was : ' I can't go on living like this any more ' (' So kann ich nicht mehr leben '). The ' veil ' of his earlier illness completely enveloped him. He neglected his daily life and work because he was engrossed, to the exclusion of all else, in the state of his nose. On the street he looked at himself in every shop-window ; he carried a pocket mirror which he took out to look at every few minutes. First he would powder his nose ; a moment later he would inspect it and remove the powder. He would then examine the pores, to see if they were enlarging, to catch the hole, as it were, in its moment of growth and development. Then he would again powder his nose, put away the mirror, and a moment later begin the process anew. His life was centred on the little mirror in his pocket, and his fate depended on what it revealed or was about to reveal.

The maid who opened the door in my apartment was afraid of him, because, as she said, he always rushed past her like a lunatic to the long mirror in the poorly-lighted reception hall. He would not sit down and wait, like the other patients, to be admitted to my office ; he walked incessantly up and down the small hall, taking out his mirror and examining his nose in this light and that. It was in this condition that he began his analysis with me.

I would at this point ask the reader to refresh his memory by re-reading the fragment of this patient's story published by Freud under the title ' From the History of an Infantile Neurosis '. All the childhood material appears there ; nothing new whatsoever made its appearance in the analysis with me. The source of the new illness was an unresolved remnant of the transference, which, after fourteen years, under the stress of peculiar circumstance, became the basis for a new form of an old illness.

II. 1920-1923

Before giving a detailed description of the present illness and its treatment, it is necessary to recount in some detail the life and circumstances of the patient during and following his analysis with Freud.

It will be remembered that the Wolf-Män was very rich, and that

he had inherited his money from his father, who died in the patient's twenty-first year—two years after the patient's gonorrhœal infection and two years before he came to Freud. It will also be recalled that the patient was exceedingly neurotic in his attitude towards money. He frequently, and on his own admission without any justification, accused his mother of appropriating his inheritance. He was boastful, and ascribed to money an undue importance and power. Even his sister's death proved a welcome event, because by it he became the sole heir of his father. He was excessively extravagant in his personal habits, especially in regard to clothes.

The Russian revolution and Bolshevist *régime* changed all this. The Wolf-Man and his family lost literally all their money and all their property as well. After a distressing period, during which the patient had neither money nor work, he finally secured a small position in Vienna.

At the end of 1919 he had come out of Russia and returned to Freud for a few months of analysis, with the purpose, successfully accomplished, of clearing up his hysterical constipation. He apparently believed that he would be able to pay for these months of analysis although with what basis is hard to say. In any case, he was unable to do so. Moreover, at the end of this time, the Wolf-Man had no work and nothing to live on; his wife was ill, and he was in desperate straits. Freud then collected a sum of money for this former patient, who had served the theoretical ends of analysis so well, and repeated this collection every spring for six years. This money enabled the patient to pay his wife's hospital bills, to send her to the country, and occasionally to take a short holiday himself.

At the beginning of 1922 an acquaintance of the patient came to Vienna from Russia, bringing what was left of the patient's family jewels. They were supposedly worth thousands of dollars, but later attempts to sell them disclosed the fact that their value did not exceed a few hundred dollars. The patient told no one except his wife about the jewels; and she, womanlike, immediately advised him not to tell Freud, because, she said, he would surely over-estimate their value and refuse to give any more aid. The necklace and earrings were his entire capital; if he were forced to sell them and to live on the money he would have nothing to fall back on. He therefore told no one that the jewels were in his possession. In his fear of losing Freud's help, it evidently did not occur to him that Freud would never have considered permitting the patient to use up his little capital. He took

his wife's advice because, as he admitted, it coincided with some inner feeling of his own. And from this time on his greed for money from Freud increased : he was always wondering how large the next present would be—it varied from year to year with the amount collected ; how it should be expended, etc. The patient now acquired a lack of candour remarkable in a hitherto compulsively honest individual. He began concealing financial facts from his wife, and in the period of inflation, he who had always been unduly cautious speculated and lost considerable amounts of money. In all his financial affairs there now appeared a certain dishonesty which, despite his formerly neurotic attitude, had never before been present.

Nevertheless, to all intents and purposes, the patient was well. The man who had come with his own physician and orderly, who had been unable even to dress himself, was now working hard at any task obtainable and supporting to the best of his ability a sick and disappointed wife. His interests and ambitions, in comparison with those of his youth, were limited. Apparently he was paying this price for his former illness and its cure. However, he continued to paint, and in the summer of 1922 he did a portrait of himself which required him to spend considerable time looking at himself in the mirror.

In April, 1923, Professor Freud had his first minor operation on his mouth. When the Wolf-Man went to see him before the summer to receive his money he was shocked at Freud's appearance. He thought little about it, however, and went on his vacation. While in the country he began to masturbate with obscene pictures. He was not excessive, and was not particularly troubled by the appearance of this symptom. His wife was often ill and disinclined towards coitus. When he returned to Vienna in the autumn, Freud was again operated on, and this time the serious nature of his illness was known to all of us, including the Wolf-Man.

III. HISTORY OF THE PRESENT ILLNESS

I shall now attempt to relate as closely as possible in the patient's own words the story of his present illness, written down for me by him immediately after the close of our analysis in February, 1927.

In November, 1923, the patient's mother arrived from Russia. When he met her at the station, he observed a black wart on her nose. In reply to his question, she told him that she had been to various doctors, most of whom had told her to have the wart removed. However, the doctors were themselves uncertain of its nature, because of

its curious way of coming and going. At times it was present and at times it was not. Therefore she had refused to have it operated on, and was now very glad of her decision. But the patient noticed that she had become somewhat hypochondriacal ; she was afraid of draughts and dust and infection of all kinds.

At the beginning of 1924 the patient began to have trouble with his teeth, which until 1921 had been particularly good. At that time it had been necessary to extract two teeth, the first he had ever lost. The dentist who performed this extraction and who prophesied that the patient would soon lose all his teeth because of the violence of his bite, was named—Dr. Wolf ! Because of his prophecy the patient did not return to this dentist, but went instead to various others, with none of whom he was entirely satisfied. Once, while having an infected root-canal treated, he fainted. From time to time small pustules were present on his gums.

At this time certain changes went into effect in the office where the patient was employed, which resulted in the loss of his hitherto independent position and his transfer to another, this time exceedingly gruff and inconsiderate, superior.

The chief symptom of the present illness appeared in February, 1924, when the patient began to have queer thoughts about his nose. Always dissatisfied with his small snub nose, he had been teased about it in school, and called Mops (pug dog). At the age of puberty a nasal catarrh had caused sores on his nose and upper lip, requiring salves for their treatment. These were prescribed by the same doctor who later treated him for another catarrh, namely, the gonorrhœal. During the analysis with Freud, the patient had been treated by a leading Viennese dermatologist, Professor X., for obstructed sebaceous glands. Thus it is evident that the patient's nose had always been the object of a certain amount of thought and dissatisfaction on his part.

In the years following the war, the exigencies of life had kept him too busy to permit of much thought or worry about his appearance ; he had even become rather proud (I suspect because of his many Jewish contacts) of his own nose. It now occurred to him that he was really exceptionally lucky to have a nose without a blemish ! Some people had warts—his wife had had a wart on her nose for years—others had moles or pimples. But, his thoughts continued, how terrible it would be if *he*, for instance, had a wart on his nose !

He now began to examine his nose for obstructed sebaceous glands, and about a month later managed to find certain nasal pores that

stood out 'like black points' (presumably blackheads). These caused him to become slightly uneasy and, remembering the success of X.'s earlier treatment, he thought of returning to him. This seems, however, to have been more an idea than a real plan, for the patient made no attempt to put it into execution.

In May the patient's mother returned to Russia. A fortnight later he noticed a small pimple in the middle of his nose, which, to use his own words, had a very odd appearance and refused to disappear. The pimple then became hard, and the patient remembered that an aunt of his had had a similar affection, which had never cleared up.

The constipation, which, it will be remembered, represented the hysterical attachment behind the compulsion neurosis, now reappeared. This symptom had been the subject of the four months of analysis with Freud from November, 1919, to February, 1920. Except for rare attacks during other illnesses, the patient had been free of his constipation for six years. With its reappearance he became aware of a marked fatigue. He went to the Krankenkassa³ and asked to be given a series of invigorating baths. He was obliged to be examined by the physician in charge, who ordered pine baths and cold compresses to the abdomen. The latter were disapproved of by the patient, who, like his mother, was afraid of catching cold. As usual, his fears were realized; on Whitsuntide he went to bed with influenza. (It will be observed throughout that this patient, born on Christmas Day, always chose the important holidays for the production of symptoms or for other significant acts. I once remarked that, surprisingly enough in one of his violent nature, he had never indulged excessively in masturbation. He replied: 'Oh no, of course I only masturbated regularly on the big holidays'.)

The patient had had a slight cough all the winter; he was now convinced that, as a result of the physician's prescriptions, his influenza would develop into pneumonia. This development, however, failed to take place, and when, shortly afterwards, he again consulted this doctor (he always returned for a time to the physician or dentist with whom he was already dissatisfied), a curious incident occurred. The patient remembered that on the occasion of his last visit the doctor had complained to him of a kidney malady of his own. As he now

³ The Austrian system of Krankenkassen represents an obligatory health insurance.

sat talking to the physician, whom he liked very much, he thought to himself: 'How agreeable it is that I, the patient, am really healthy, whereas he, the doctor, has a serious illness!'

His pleasure in this situation seemed to him to deserve punishment. He went home, lay down to rest a little, and involuntarily ran his hand over his nose. Feeling the hard pimple under the skin, he scratched it out. Then he went to a mirror and looked at his nose. Where the pimple had been there was now a deep hole. From this moment on, his chief preoccupation was with the thought will the hole heal? And when? He was now compelled to look at his pocket mirror every few minutes, presumably to observe the progress of healing. However, the hole did not entirely close, and its failure to do so embittered his life. Nevertheless, he continued to look in his mirror, hoping against hope that within a few months everything would be all right again. For now he could find no pleasure in anything, and he began to feel that everybody was looking at the hole in his nose.

Finally, just before the summer holidays, the patient consulted Professor X., oddly enough, not for the hole in his nose, but for the enlarged sebaceous glands which he had at last succeeded in finding. X., who had not seen the patient since the war and the reversal of his fortunes, was very friendly. He warned the patient that, while the glands could easily be remedied, the nose would for a time be red. He then took an instrument and opened several of the glands. For those remaining he prescribed various medicines, a liquid and a salve. (At the age of twelve the patient had also been given a salve for a similar condition.)

X.'s warning was fulfilled; the patient's nose remained so red for several days that he almost regretted his visit to X. His wife disapproved of the medicines and, perhaps only apparently against the will of the patient, threw them away.

Suddenly, on the day before his departure for the country, for no obvious reason, the patient became fearful that the tooth which had troubled him some months previously might spoil his vacation. He therefore went to the dentist and allowed him to pull what afterwards turned out to be the wrong tooth. On the following day the patient deeply regretted this visit, feeling sure that another tooth was at fault. Some bronchial symptoms caused him additional worry.

However, the holiday in the country was a success. The patient painted industriously and thought less and less about his nose and teeth. As a matter of fact, in the absence of a real cause he rarely became hypochondriacal about his teeth. Once the cause was present,

however, his distrust of the dentist in charge became pronounced. (Professor Freud has told me that the patient's attitude toward tailors precisely duplicated this later dissatisfaction with and distrust of dentists. So, too, in his first analysis, he went about from tailor to tailor, bribing, begging, raging, making scenes, always finding something wrong, and always staying for a time with the tailor who displeased him.)

The autumn and winter of 1924-25 were uneventful. When the patient, who had almost forgotten his nasal symptoms, again examined his nose in a mirror, he was unable even to find the place where the hole had been. With a sense of relief he regarded the incident as a thing of the past.

During this time certain changes occurred in his sexual life. He resorted to his former habit of following women in the street. The reader of the 'History of an Infantile Neurosis' will recall the fact that the patient had had a variety of sexual experiences with women of the lower classes. He now frequently accompanied prostitutes to their lodging where, on account of his fear of venereal disease, his relations with them were limited to masturbation in their presence. The masturbation which had begun in the summer of 1923 had been performed while the patient gazed at obscene pictures. His relations with prostitutes were thus a further step in this direction.

The patient's preoccupation with his nose had lasted from February, 1924, until approximately the end of the ensuing summer—that is, some six months.

It was on Easter Day, 1925, that the nose symptoms reappeared. While the patient was sitting with his wife in a park he became aware of a painful sensation in his nose. He borrowed his wife's pocket-mirror and, looking into it, discovered a large, painful pimple on the right side of his nose. Despite its size and painfulness it seemed an ordinary pimple, and as such caused the patient no worry. Expecting it soon to disappear, he waited several weeks, during which time it would occasionally improve and then again show pus. (His mother's wart had come and gone.) As Whitsuntide approached the Wolf-Man began to lose patience. On Whitsunday he went with his wife to see the cinema film 'The White Sister'. Hereupon he was reminded of his own sister, dead so many years, who shortly before her suicide had voiced his own complaint that she was not beautiful enough. He remembered how often she too had worried about the pimples on her face. Much depressed he went home. Next day he consulted the

dermatologist of the Krankenkassa (one wonders why he changed dermatologists at this point), who said that the pimple on the patient's nose was an ordinary one, which would in course of time disappear. But when the patient, unimproved, returned to him two weeks later, the physician said that the pimple must in reality be an infected sebaceous gland. To the patient's questions as whether it would disappear by itself, or whether something should be done for it, the doctor answered negatively.

And now the utmost despair seized the patient. He asked how it was possible that there was no treatment for such a disease, and whether he was condemned to go his whole life with such a thing on his nose. The doctor glanced at him indifferently and again replied that nothing could be done. And now, as the patient states, the whole world turned on its axis. The structure of his life collapsed. This was the end for him ; thus mutilated he could not go on living.

From the Krankenkassa doctor he rushed to Professor X., who received him cordially and quieted him, saying that the matter was easily remedied. He would at once take out the gland. With the aid of an instrument he pressed the infected spot on the patient's nose ; the patient cried out, and blood flowed from the place where the gland had been. As his analysis later revealed, he experienced at the sight of his own blood flowing under the doctor's hand an acute ecstasy. He drew a deep breath, hardly able to contain his joy. Two hours before he had stood on the verge of suicide, and now a miracle had rescued him from disaster.

But a few days later, when the dried blood had fallen away with the scab from the wound, the patient observed to his horror a slightly reddened elevation where the wound had been. The whole area looked a little swollen. The question now presented itself : would the swelling disappear, or had the Krankenkassa doctor been right in saying that nothing could be done for a thing of this kind ?

Simultaneously small pustules on the patient's gums caused him to go to the dentist. On hearing from him that the gum-boils were of no importance, he decided that he must have an additional opinion. For some time he had had little faith in his dentist. He now went to one recommended by an acquaintance in his office. The new dentist declared that, whatever the condition of the tooth which had been extracted, a really dangerous tooth had remained in the patient's mouth. This tooth he considered responsible for all the patient's troubles, including the pimple on his nose. It was so badly infected

that unless it was pulled immediately the pus could extend to any organ in the body and cause a generalized sepsis. Had this tooth been pulled in the beginning the patient would have had no further trouble with his teeth or with the pimple or the purulent sebaceous gland. Inasmuch as this opinion tallied with the patient's own, he allowed the tooth to be drawn at once.

He now blamed this last dentist for all his troubles. But with the extraction of the tooth, his interest was once more directed to his nose, which seemed to be swelling to such an extent that it no longer resembled its original self. All day long now the patient gazed at the swollen area, tormented by the fact that his nose 'was not as it had been'. He went again to Professor X., who assured him that nothing was wrong with his nose. Not in the least impressed or reassured by these words, the patient became exceedingly frightened. His nose had increased so rapidly in size that one half of it seemed entirely out of harmony with the other half. Moreover, it was still swelling. Terrified at the possibility of further extension, he went again to Professor X. His frequent visits no longer interested the dermatologist, who, standing with his back to the room and looking out of the window, left the patient to the care of his assistant. 'Persecuted by fate and abandoned by medicine', the patient now conceived a new plan to attract X.'s attention. He decided to have his wife, who, it will be remembered, had a wart on the tip of her nose, accompany him to Professor X., whom he was afraid to visit alone. X., extremely cordial, immediately removed the wart. When, however, the patient approached him with his familiar query as to the future of his own nose, X. became irritated. He finally stated that the patient was suffering from vascular distension, and that this, like the wart, was best treated with electrolysis. He added that the patient could return in a few days for treatment.

On the one hand, the patient was unhappy at having a new illness—vascular distension; on the other hand, this gave him the renewed hope of cure. But he was doubtful of the diagnosis. An habitual abstainer from alcohol, he did not see how he could have acquired an enlargement of the calibre of the blood vessels, essentially a disease of drinkers. Moreover, he was young for it. His wife advised him not to go back to X. before the summer holidays. 'He is angry with you now', she said, 'and will perhaps do something to you that you will be sorry for the rest of your life'. Both felt that Professor X. was treating the poor Russian refugee differently from the rich Russian patient of Freud.

At the beginning of August the patient visited the acquaintance who had recommended the new dentist. Asked if he could observe anything in particular on the patient's nose, his friend looked at him carefully and said that he could not see the place where the gland had been removed, but that he did notice that one side of the nose seemed a little swollen. This remark threw the patient into great excitement. He felt that his disease was not improving, and that it was useless to postpone the electrolysis until the autumn. He lost what patience remained to him and made up his mind to have the treatment suggested by Professor X, but as usual he wanted a control opinion. He therefore went to another dermatologist, who, it is worthy to note, had his office at the corner of the street in which Freud lives.

The new consultant confirmed X.'s diagnosis and added that the infected sebaceous glands had been skilfully removed. He considered electrolysis harmless but inappropriate for this malady, and recommended diathermy. He was extremely pleasant, and, unaware of the financial situation of the patient, who had chosen him by looking up dermatologists in the telephone book and apparently allowing himself to be influenced by their location, he charged him the usual sum for one visit. The patient, who paid X. nothing whatsoever, felt elated at once more ' paying like a gentleman '.

He was now completely reassured about the judgement of Professor X., who had thus far evidently done the right thing, and who was therefore probably also to be trusted in his preference for electrolysis over diathermy. Moreover, the advocate of diathermy was leaving Vienna on the very day of this visit, therefore his treatment was out of the question. The patient wanted the entire matter disposed of before his own vacation. He therefore went at once to Professor X., who, he learned, was leaving town the next day for the summer. In a spirit of exceeding confidence and trust, the patient allowed himself to be treated with electrolysis by X., who, it seemed to him, was unusually friendly. When he went home, his wife cried out: ' For heaven's sake, what have you done to your nose ? ' The treatment had left certain marks, which, however, did not disquiet the patient. The other dermatologist's opinion of X. and his words in general had so restored the patient's equilibrium that he felt himself once more master of the situation. He also had a curious feeling of having been reconciled to the first dermatologist by the second.

Three days later the patient and his wife went away to the country. The holiday proved pleasant. Although the patient was still some-

what occupied with thoughts of his nose, and although the scars due to the electrolysis were a matter of concern to him, he managed to enjoy his holiday. He painted, went on excursions, and felt well in general. When in the autumn he returned to the city he was apparently normal, except for the fact that he looked for or at the scars on his nose more than was necessary.

His interest now returned to his teeth. His last dentist had put in five fillings and had wanted to make a new crown, which, he said, was badly needed. But the patient, not certain of the dentist's judgement, had refused to have the crown made before receiving advice from another dentist, who in his turn stated that a new crown was entirely superfluous, but that six new fillings were required. Inasmuch as five new fillings had been made only two months previously, the patient now became distrustful of this dentist, and went to still another. The latest of these recruits said that the crown was indeed adequate, but that two fillings, not six, were needed! However, since, according to the third dentist, the second had been right about the crown, the patient decided to go back to him, although doing so meant acquiring six new fillings. But now the Krankenkassa doctor refused the patient permission for so much dental work, adding that it was a pity to spoil such beautiful teeth with so many fillings. He then asked the patient not to mention his having made this remark, which struck the patient as being so odd (apparently because of the implied homosexual admiration) that he repeated it to the friend who had examined his nose. This friend now recommended a dentist who was supposed to be a man of great judgement and experience, capable of passing judgement on the work of all the others. This man, apparently a dean among dentists, was named—Dr. Wolf!

The second Dr. Wolf approved the work of the latest dentist, to whom, therefore, the patient, despite his own dissatisfaction, returned. This dentist now told him, like an earlier one of the long series, that he had a 'hard bite' and would soon probably lose not only the fillings, but all his teeth as well.

Until Christmas, 1925, despite a certain amount of concern as to when the nasal scars would disappear, the patient, who was now having difficulties at his office, felt fairly well. But with the beginning of the year 1926, the nasal symptoms again became prominent, occupying more and more of his attention. By the time Easter came, the mirror was again playing an important rôle, and the patient was doubtful whether the scars, now present for almost a year, would ever disappear.

The summer of 1926 brought the full development of his symptoms. On June 16 he called on Freud and received the annual sum of collected money. He, of course, said nothing about his symptoms. Two days before he had been to see the Krankenkassa physician, whom he had called on frequently of late because of increasingly violent palpitations of the heart. He had read a newspaper article in which the statement was made that cod-liver oil caused heart trouble ; and inasmuch as he had, for some unknown reason, been taking cod-liver oil for two years, he became afraid that he had injured himself. The doctor made a diagnosis of ' heart neurosis '.

Suddenly, on the next day, June 17, the patient made up his mind to go to the dermatologist whose words had so consoled him once before. He immediately put his decision in execution. The dermatologist entirely failed to see any scar left by the infected sebaceous gland ; on the other hand, he stated that the area treated by electrolysis (he had recommended diathermy) was scarred and evident. To the patient's remark that such scarring must disappear with time, he replied that scars never disappeared and were not amenable to any sort of treatment. How was it possible that such a thing had been treated with electrolysis ? Had the patient really gone to a full-fledged dermatologist ? This certainly did not seem to be the work of a specialist.

At the words ' scars never disappear ' a terrible sensation took possession of the patient. He was in the grip of a bottomless despair such as he had never, in all his earlier illness, been the victim of. There was no way out then, no possibility of escape. The words of the dermatologist rang incessantly in his ears : scars never disappear. There remained for him only one activity, comfortless though it was, and that was to look constantly in his pocket mirror, attempting to establish the degree of his mutilation. Not for a moment was he separated from his little mirror. In the course of time he went again to the dermatologist, imploring his aid, and insisting that there must be some mitigating treatment, if no cure. The physician replied that there was no treatment and that none was necessary : only the finest white line, he declared, was visible on a nose that even a prima donna could be proud of. He attempted to quiet the patient, whom he advised to distract his mind from the thought of his nose, which, he added, had evidently become an *idée fixe*.

But now his words were without effect on the patient. Indeed, he felt that they were but alms thrown to a crippled beggar. (See

Freud's 'Infantile Neurosis,' where the attitude towards beggars, and especially toward the deaf-and-dumb servant, is shown to be derived from the pitying narcissistic concern with the castrated father.) He went to a third dermatologist, who found nothing whatever wrong with the patient's nose. In his utter hopelessness the patient was pursued by the following thoughts: how could Professor X., the foremost dermatologist in Vienna, have been guilty of such irreparable injury to the patient? Was it by some sheer and terrible accident, or out of negligence, or perhaps even unconscious intention? And where, continues the thought of this singularly schooled and keen-minded patient, does the unconscious end and the conscious begin? With all his heart the patient hated Professor X. as his mortal enemy.

IV. THE COURSE OF THE PRESENT ANALYSIS

This, then, is the story of the illness which brought the patient into my care. I must confess that at first it was difficult for me to believe that this was indeed the Wolf-Man of the 'History of an Infantile Neurosis', and of Professor Freud's later descriptions: a reputable, compulsively honest and conscientious individual, absolutely reliable from every point of view. The man who presented himself to me was guilty of innumerable minor dishonesties: he was concealing the possession of money from a benefactor with whom he had every reason to be candid. Most striking of all was his total unawareness of his own dishonesty. It seemed to him a matter of no moment that he was actually accepting money under false pretences (given the fact that the jewels were worth, as he then thought, thousands of dollars).

In the analysis his attitude was one of hypocrisy. He refused to discuss his nose or his dealings with dermatologists. Any mention of Freud was passed over with an odd, indulgent little laugh. He talked at great length about the marvels of analysis as a science, the accuracy of my technique, which he professed to be able to judge at once, his feeling of safety at being in my hands, my kindness in treating him without payment, and other kindred topics. When I passed through the waiting-room before his hour, I saw him pacing up and down, looking first in the large mirror and then in his pocket one. But when I mentioned his conduct to him I was met with the utmost firmness: there were other matters than his nose to be discussed, and until they were disposed of—a matter of some weeks—the patient would give his attention to nothing else. When it finally came to dealing with the subject of the nose itself, I became acquainted with the patient's

firmness in all its ramifications. But even now his walled-off quality became apparent. At all times unusually closed to suggestion, probably by reason of his narcissism, he now proceeded to entrench himself behind his impermeability; and a trait ordinarily of great value to the accuracy of an analysis became its chief resistance.

His first dream was a version of the famous wolf dream; many others were mere restatements. One amusing change had occurred: the wolves, formerly white, were now invariably grey. When visiting Freud, the patient had on more than one occasion seen his large grey police dog, which looked like a domesticated wolf. The fact that the first dream was again a wolf dream was considered by the patient a corroboration of his statement that all his difficulties came from his relation to the father; for this reason, he added, he was glad to be in analysis with a woman. This statement revealed his attempt to evade his father, although it also contained a kernel of justification. It was indeed safer now for him to be analysed by a woman, because he hereby avoided the homosexual transference which at this point was evidently so strong that it would become a danger to the cure, rather than an instrument of it. The later course of treatment seemed to confirm this point of view.

It is perhaps unnecessary to recall the fact that the wolf dream at four years of age contained the nucleus of the patient's passive attitude to his father, which had its origin in his identification with his mother during his coitus observation at one and a half years.

Following the patient's repeated comments on my kindness in treating him without payment, he brought this dream, betraying his possession of the jewels:

He is standing at the prow of a ship, carrying a bag containing jewelry—his wife's earrings and her silver mirror. He leans against the rail, breaks the mirror, and realizes that, as a result, he will have seven years of bad luck.

In Russian the ship's prow is called its ' nose ' ; and this was the place where the patient's bad luck began. The mirror, which played such a large rôle in his symptomatology, was also present; and the fact that it belonged to his wife had the same significance as the fact that the patient borrowed first his wife's mirror, in order to examine his nose, and then, as it were, her feminine habit of frequently looking at herself in it. Moreover, when one breaks a mirror one simultaneously breaks one's own reflection. Thus the patient's own face was damaged along with the mirror.

The purpose of the dream is the disclosure of the patient's possession of the jewels, amongst which were actually the earrings of the dream. The seven years are the years since the analysis with Freud, during a part of which time the jewels were concealed. But beyond the spontaneous interpretation of the number of years, the patient refused to discuss in this connection any possible dishonesty. He admitted that it would have been better to have told about the jewels at once, because, he said, he would then have been easier in his mind. But women—meaning his wife—were always like that: distrustful and suspicious and afraid of losing something. And it was his wife who had suggested this concealment.

I was again brought up against a point on which the patient proved absolutely inaccessible; and it took me a short time to realize that his unscrupulousness as well as his failure to acknowledge it as such were signs of a profound character-change. Beyond his intellectual acuity and analytic perception, my patient had little in common with the original Wolf-Man, who, for instance, was domineering with women, especially his wife and mother. My patient, on the other hand, was completely under the control of his wife; she bought his clothing, criticised his doctors, and managed his finances. The passivity which, formerly directed entirely toward the father and even here masked as activity, had now broken its bounds and included in its sweep both homosexual and heterosexual relations. A number of petty deceptions resulted; for instance, the patient, now grown negligent of his work, left the office whenever he pleased. In the event of being apprehended, he made up any excuse.

These symptoms, perhaps not striking in themselves, were at such variance with the former character of the patient that one was forced to accept them as indications of a change of character as profound as that which had occurred in him at three and a half years.

An attack of diarrhoea at the beginning of the analysis heralded the important subject of money. But the patient, apparently satisfied by the symptom himself, gave no other evidence of repaying his debt. To the contrary, it became clear that the gifts of money from Freud were accepted as the patient's due, and as the token of a father's love for his son. In this manner the patient recompensed himself for the old humiliation of his father's preference for his sister. But with this attitude went certain ideas of grandeur. The patient began to tell me of the unusual intimacy of his relation with Freud. It was, he stated, far more friendly than professional. Indeed, Freud had felt

so keen a personal interest in him that he had been led to give what later turned out to be unsound advice. During the months of analysis in 1919 and 1920 the patient had wanted to go back to Russia to save his fortune. It is true that his mother and lawyer were in Russia at this time, and were presumably competent to look after matters there ; nevertheless the patient felt that only he could save the family fortune. Freud, however—and here the patient, in various subtle ways, indicated that Freud's advice was motivated not by the facts but by his concern for the patient's safety—stated that the patient's desire to go home was merely a resistance ; and by his persuasion (*sic* !) kept the patient in Vienna. While the patient obviously was flattered by what he considered Freud's motivation, he nevertheless blamed him severely for the loss of his fortune. On the other hand, he at no time suspected Freud of intentional injury. Probably his blame of Freud justified him in accepting financial aid from him. As a matter of actual fact, it would at that time have been impossible for the patient to return to Russia. His father had been a famous Liberal leader there, and the patient himself would undoubtedly have been shot.

For a time, despite the patient's invulnerability on important topics, or because of it, my relations with him were most sunny. He brought the clearest dreams in order that I might show my skill at interpreting them, thus confirming his statement that he was better off in my hands than in Freud's ; the dreams in his previous analysis, he said, had been confused and difficult to understand. There had also been interminable periods of resistance, during which no material at all was forthcoming. Now and then he would hint that he was safer with me because I was more objective in my attitude toward him than Freud had been ; I, for instance, would certainly not have made that mistake about the patient's returning to Russia. And then too Freud's personal influence had been so strong : the whole atmosphere of the present analysis was clearer than that of the previous one. Each day brought some new light on his relations to Freud, to his wife, or to me. Only he refused to discuss his nose or his attitude to Professor X. Beyond the statement that he had been to X. during his first analysis, that X. had been recommended by Freud and was a friend of Freud's, and about of an age with Freud, and obviously, as the patient said at once, a substitute for Freud, no advance was possible.

And then fate played into my hands. A few weeks after the Wolf-Man began his analysis with me, Professor X. died suddenly on a Sunday night. In Vienna there is no good morning newspaper on

Monday; the Wolf-Man was due at my office at about the time of the appearance of the afternoon edition. Thus my first question was: 'Have you seen to-day's paper?' As I expected, he answered in the negative. I then said: 'Professor X. died last night.' He sprang from the couch, clenching his fists and raising his arms with a truly Russian air of melodrama. 'My God', he said, 'now I can't kill him any more!'

Thus the wedge was entered. I encouraged him to talk about X. He had had no definite plans for killing him, but he had had ideas of suing him, of suddenly appearing in his office and exposing him, of litigating with the purpose of obtaining financial recompense for his mutilation, etc. (I call attention to the querulent-paranoic trend shown here). He had wanted to kill him, had wished him dead a thousand times, and had tried to think of ways of injuring X., as he himself had been injured by X. But for that injury, he stated, only death was an equivalent.

I now remarked that the patient himself had admitted that X. was an obvious substitute for Freud, and that therefore these feelings of enmity toward X. must have their counterpart in hostility to Freud. This he denied emphatically. There was no possible reason for hostility to Freud, who had always shown him the most tremendous partiality and affection. Again he stressed the non-professional quality of their relation. I now asked why, if such were the case, he was never seen socially at the Freuds'. He was obliged to admit that he had never met Freud's family, thereby badly damaging his entire case. His replies were vague and unsatisfactory, perhaps even to himself. His arguments had an extraordinary tone: they were not exactly specious, but they contained an astounding mixture of phantasy and fact. Granted the tenets, he could, with his logical, obsessional intelligence, make the most improbable notions plausible. Thus he maintained his point of view.

So long as he combined his two techniques of satisfaction, on the one hand blaming Freud for the loss of his fortune and therefore accepting all possible financial aid from him, and, on the other hand, maintaining, on this basis, his position as the favourite son, it was impossible to make progress in treatment. Through this impenetrable wall one could not attack the chief symptom of the patient's illness. My technique therefore consisted in a concentrated attempt to undermine the patient's idea of himself as the favourite son, since it was obvious that by means of it he was protecting himself from feelings of

a very different nature. I drove home to him his actual position with Freud, the total absence (as I knew from Freud to be the fact) of any social or personal relationship between them. I remarked that his was not the only published case—this being a source of enormous pride to the patient. He countered with the statement that no other patient had been analysed for so long a period: this too I was able to contradict. From a state of war we now reached a state of siege.

As a result of my attack, his dreams at last began to change. The first of this period reveals a woman wearing trousers and high boots, standing in a sleigh which she drives in a masterful manner, and declaiming verse in excellent Russian. The patient remarked that the trousers were a little humorous, and not, like a man's, entirely practical. The Russian declamation even he was obliged to recognize as the height of mockery: I had never been able to understand a single word of the Russian phrases which he occasionally interjected into his German sentences. The next dream was even more direct: on the street, in the front of the house of Professor X., who is analysing him, stands an old gypsy woman. While selling newspapers (I had performed the office of a newspaper in telling him of X.'s death), she chatters away and talks at random *to herself* (no one listens to her!) Gypsies, of course, are notorious liars.

Two factors are evident here: first, the contempt for me, and secondly, the wish to be back in analysis with Freud (Professor X.). I remarked that the patient was, after all, despite his many compliments, apparently regretting his choice of analyst and wishing to be back with Freud. This he denied. He added that through me he was really getting all the benefit of Freud's knowledge and experience, without coming directly under his influence. When I asked how this was possible, he said he was sure that I discussed all the details of his case with Freud, so as to be advised by him! I remarked that this was not the case, that I had, at the beginning of his analysis, asked Professor Freud for an account of his former illness, and that since that time I had barely mentioned him nor had Freud inquired for him. This statement enraged and shocked the patient. He could not believe that Freud could show so little interest in his (famous) case. He had always thought Freud sincerely interested in him. Freud, in sending him to me, had even said—but here his recollection of what had been said became hazy. He left my office in a rage at Freud, which led to a dream in which his father is obviously castrated:

The patient's father, in the dream a professor, resembling, however, a begging musician known to the patient, sits at a table and warns the others present not to talk about financial matters before the patient, because of his tendency to speculate. His father's nose is long and hooked, causing the patient to wonder at its change.

The musician has in reality tried to sell old music to the patient, who, after his refusal to buy it, feels very guilty. (His old attitude to beggars is here recalled.) The musician is bearded and looks like Christ. An association recalls an incident in which the patient's father was termed a 'sale juif'—which of course he was not!

The begging musician who looks like Christ and the patient's father and is at the same time a professor, is obviously according to his nose a Jew. Since the nose is throughout the symbol for the genital, the change in the father's nose making it Jewish denotes circumcision—castration. Also a beggar is for the patient a castrated person. Thus from the anger against the father, due to unrequited love, we come to a castration of that father, and, in the associations immediately following this interpretation of the dream, to the subject of Freud's operations and the patient's reaction to them—in other words, the death-wish against the father. I would emphasize the point that here the death-wish is due not to any masculine rivalry, but to the passive, unsatisfied, rejected love of the son.

It will be remembered that the patient's first glimpse of Freud at this time had shocked him. As he went away, he wondered whether Freud would die, and if so, what his own fate would be. He hoped for a small legacy, but feared it might amount to less than the collected sums of several years. Thus it would be more profitable for him if Freud recovered. The patient had profited so enormously by the death of his own father that it is not surprising that his expectation of inheritance should triumph over his rational calculations. As he said, despite them he expected Freud's death to bring him something.

But if the patient's nasal injury can only be avenged by death, that is a sign that castration is the equivalent of death. In that case the castrated father is the dead father, killed, presumably, by his son. The abuse of money also enters the dream, in the father's remark about his son's speculating. It is true that the patient speculated with whatever funds were at his disposal; and of course an inheritance from the father could also have been used for this purpose. In other words, the father in the dream is afraid of being killed for his money. From the Christ-like (castrated) appearance of the father, it

is obvious that the patient identifies himself with this castrated father.

With the expression of the patient's death-wish against Freud, we gathered the results of my attack on the patient's over-compensating megalomania. From now on, the analysis proceeded; and the death-wish re-appeared in all its manifestations. The father has castrated the son, and is for this reason to be killed by him. In the many dreams of the castrated father, the death-wish is always present. So much the patient could admit: but the further mechanism by means of which his own hostility was projected on to the father and then perceived by the son as persecution, required far more effort.

A dream out of the high-school period of the patient's life brought out an incident which, occurring in his thirteenth year, served as the model for his future illness. At that time he had a nasal catarrh which proved very resistant to treatment. Coming at puberty, it was probably psychogenic. It was treated with salves and ointments, which caused a general acne; at least the acne, so common at puberty, was attributed to the medication. Thus the patient's attention was drawn to his nose and skin, which became so covered with pimples that he was forced to stay away from school. He was also troubled by blushing and by an enlarged sebaceous gland. A cold-water treatment proved of little value. On his return to school, he was mercilessly teased and nicknamed Mops (pug dog). As a rich and sensitive boy, he had always provided an excellent target for the school. But now he had become so over-sensitive about his nose that he could not bear the teasing which formerly had merely annoyed him. He became more and more seclusive, read Byron, and took great care of his body and clothing. Just at this time another school-boy was known to have acquired gonorrhœa. This boy was an object of horror to our patient, who was especially terrified by any illness of a chronic nature. He resolved never to acquire such a disease. Yet at the age of seventeen and a half he too had gonorrhœa; and the words of the doctor, 'It is a chronic form', caused his first break-down. So long as the disease was acute, he was unhappy but not hopeless. The chronic discharge, however, discouraged him, and afforded him an opportunity for compulsive thoughts about the presence or absence of gonococci: were they present, he was lost. Thus the cause of an early period of seclusiveness and misery was an actual nasal affection. The second trauma, the gonorrhœa, was also real, and was, in the sense of directly affecting the genital, a true castration. But the third illness, the scar on the

patient's nose, was purely imaginary. The fact that on the occasion of his first visit to Professor X. he made no mention of the hole, asking only about the sebaceous glands, seems to indicate that the patient himself must unconsciously have perceived the fictitious nature of his complaint.

The patient's identification of himself with the castrated father (partly, of course, out of guilt because of the death-wish) is continued by a further dream in which he shows Freud a long scratch on his hand. Freud answers something, repeating the word 'whole' several times. This comforting dream contains Freud's reassurance that the patient is not castrated. The theme of castration is further developed in the following dream :—

The patient is lying on a couch in my office. Suddenly there appears near the ceiling a brilliant half-moon and star. The patient knows that this is a hallucination, and in despair, because he feels he is going mad, he throws himself at my feet.

The moon and star, he says, mean Turkey, the land of the eunuch. His gesture of throwing himself at my feet indicates his passivity. His insanity is due, therefore, to a *hallucinated* castration—i.e. the hole in his nose.

From the castration of the father, the patient's identification with him, and finally his own independent castration and consequent complete passivity, we now approach the actual persecutory material :

In a broad street is a wall containing a closed door. To the left of the door is a large, empty wardrobe with straight and crooked drawers. The patient stands before the wardrobe ; his wife, a shadowy figure, is behind him. Close to the other end of the wall stands a large, heavy woman, looking as if she wanted to go round and behind the wall. But behind the wall is a pack of grey wolves, crowding toward the door and rushing up and down. Their eyes gleam, and it is evident that they want to rush at the patient, his wife, and the other woman. The patient is terrified, fearing that they will succeed in breaking through the wall.

The large woman is a combination of me and another woman, in reality very tall, whom the patient has seen, and whom he knows to have a tiny scar on her nose, which, to his surprise, does not in the least trouble her. She is, therefore, a courageous person who fears neither wolves nor scars—the juxtaposition indicating a connection between the two.

His wife, a shadowy figure behind him, is his own feminine self. The door is the window of the original wolf-dream. The empty ward-

robe is one which the Bolsheviki emptied : the patient's mother related that when it was broken open, the cross was found in it with which the patient had been baptized, and which to his sorrow he had lost at the age of ten. Also the wardrobe reminds the patient of his phantasies about the Czarevitch, in which the latter is shut up in a room (the wardrobe) and beaten. In this connection Professor X. occurs to him : during the patient's first visit, it will be remembered, X. had spoken of Alexander III. with great sympathy, and then made some scornful remark about his weak successor, Nicolas II. This recalls in turn the stories of Peter the Great and his son Alexi, whom he killed. So, too, God allowed his son to die. Both these sons, Christ and Alexi, were tormented and persecuted by their fathers. At the word *persecuted*, the wolves in the dream occur to the patient, with the further association of Rome (Romulus and Remus), and the persecution of the early Christians. He then connects this dream, through the wolves, with his wolf-dream at the age of four, in which the wolves sat motionless on the tree, staring fixedly at the child. The interpretation revealed a contradiction : the child staring at its parents, not the parents at the child. The shining eyes of the wolves now remind the patient that for some time following the dream at four years he could not bear to be looked at fixedly. He would fly into a temper and cry : ' Why do you stare at me like that ? ' An observant glance would recall the dream to him, with all its nightmare quality. The recollection of this early symptom, directly dependent upon the childish wolf-dream, completely refutes Rank's attempt to displace the dream from the patient's fourth year to the time of his analysis with Freud. To my question, as to whether the wolf-dream really had occurred at four years, the patient scarcely deigned to reply !

Of course the dream derives its chief significance from its persecutory content : for him the wolf has always been the father ; and here the wolves—all the fathers, or doctors !—are trying to get at him to destroy him. If the door opens (the original window, permitting the view of the coitus), the wolves will devour him.

And now, with the destruction of the patient's ideas of grandeur, his full persecution mania made its appearance. It was more diffuse than the one hypochondriacal symptom had led one to expect. X. had intentionally disfigured him ; and now that he was dead, there remained no means of retribution. All the dentists had treated him badly, and since he was again mentally ill, Freud too had treated him poorly. Indeed, the whole medical profession was against him : since

his earliest youth he had suffered abuse and mistreatment at the hands of his doctors. He constantly compared the story of his sufferings to that of Christ, whom a cruel God, intensely feared by the patient in his childhood, had permitted to go a similar way. The Christ and Czarevitch identifications combine a comparison of misery and a compensation for it; for Christ and the heir to the throne are exalted figures. The same combination resulted in the patient's believing himself to be the favourite of Freud.

During this trying period the patient conducted himself in the most abnormal manner. He looked slovenly and harassed, and as if devils were at his heels, as he rushed from one shop window to another to inspect his nose. During the analytic hours he talked wildly in terms of his phantasies, completely cut off from reality. He threatened to shoot both Freud and me—now that X. was dead!—and somehow these threats sounded less empty than those which one is accustomed to hear. One felt him capable of anything because he was in such complete desperation. I realized how necessary and protective his megalomania had been: he now seemed plunged into a situation which neither he nor the analysis could cope with. When the following dream occurred, with its good portent, I was relieved and surprised, and entirely at a loss to account for the change by any fact save the obvious one that the patient had finally worked his way through the unconscious material behind his delusions of persecution.

The patient and his mother are together in a room, one corner of whose walls is covered with holy pictures. His mother takes the pictures down and throws them to the floor. The pictures break and fall into bits. The patient wonders at this act on the part of his pious mother.

It was the patient's mother who, in despair at the child's irritability and anxiety, taught him, at four and a half years, the story of Christ. The result was that the little boy who had been unable to fall asleep because of his fear of bad dreams now exchanged these for a ceremonial which permitted him to fall asleep at once. It consisted in his going about the room at bedtime, crossing himself and praying, and kissing the holy pictures one after another. This ceremonial was the beginning of his obsessional neurosis.

In the dream I am the mother, but in a rôle contrary to the historical one; instead of giving the patient religion, I destroy it for him. What I actually destroy is the Christ phantasy, with all that it implies.

The dream of the next day was in substance a clarified wolf-dream.

The patient stands looking out of his window at a meadow, beyond which is a wood. The sun shines through the trees, dappling the grass ; the stones in the meadow are of a curious mauve shade. The patient regards particularly the branches of a certain tree, admiring the way in which they are intertwined. He cannot understand why he has not yet painted this landscape.

The landscape of this dream is to be compared to that of the wolf-dream at four years. Now the sun is shining : then it was night, always a frightening time. The branches of the tree where the terrifying wolves sat are now empty, and are intertwined in a beautiful pattern. (The parents in the sexual embrace.) What was fearful and ominous has become beautiful and reassuring. The patient wonders at his never having painted this scene before ; that is, his failure until now to admire it.

This reconciliation to what formerly terrified him can only mean that he has overcome the fear of his own castration, and can now admire what others find beautiful—a love scene between a man and woman. So long as he identified himself with the woman, he was incapable of such admiration ; his entire narcissism reacted against the acceptance of the implied castration. If, however, he has abandoned his identification with the woman, he need no longer fear castration.

As was to be expected, the patient had not made quite the progress present in the dream. The next day he brought a dream in which he is lying at my feet : a return to his passivity. He is in a sky-scraper with me, whose only means of exit is a window (see the original wolf-dream, as well as the dream just cited), from which a ladder extends dangerously to the ground. To get out he must go through the window. That is to say, he cannot remain inside, looking out, as in the other dreams, but must overcome his fear and go out. He awakens in great anxiety, looking desperately for another way of escape.

But the only other way out was through the acceptance of his own castration : either this, or the actual retracing of his childish steps to the scene which was pathogenic for his feminine attitude to the father. He now realized that all his ideas of grandeur and fear of the father and, above all, his feeling of irreparable injury by the father were but cloaks for his passivity. And once these disguises were revealed the passivity itself, whose unacceptability has necessitated the delusion, became intolerable. What appeared to be a choice between acceptance or refusal of the feminine rôle was in reality no choice at all : had the patient been capable of assuming the feminine rôle and admitting his passivity to the full, he could have spared

himself this illness, which was based on the mechanisms of defence against such a rôle.

A second dream of the same night revealed the cause of the restriction of the patient's sublimations. Freud, to whom he is telling his ambition to study criminal law, advises against this course and recommends political economy.

The patient, whose father was a Russian Liberal, active in politics and economics, had always been especially interested in criminal law (he was a lawyer). But throughout his analysis he insisted that Freud always discouraged him in these ambitions, telling him to devote himself to political economy, in which he (evidently in reaction against his father) had no interest. Now I knew his idea about Freud to be incorrect, yet until this dream I had been unable to convince the patient of this fact.

His inability to be the father in his sublimations had made him project the restricting influence on to Freud. He was not to be allowed to make his own choice, but was instead obediently to follow in the footsteps of his father.

He now talked at some length about his need to sublimate his homosexuality, and the difficulty of finding a means. He was aware of having been hampered by circumstance and inner incapacity. It is true that in Austria to-day the opportunity for the type of work that interests him is limited, but he might have used his free time, of which there was a great deal, for study. Here his work inhibition prevented his development. Indeed, this man, who once studied with industry and intelligence, and read voluminously, had now for years been unable to read a novel.

The next series of dreams, immediately following, illuminates the father-son relation and demonstrates the beginning of freedom for the son. The submissive son stands in apposition to the patient, who shows the beginnings of a father-identification.

A young Austrian who has lived many years in Russia and lost all his money there visits the patient. This young Austrian now has a minor position in a bank in Vienna. He complains of a headache, and the patient asks his wife for a powder, not telling her that he requires it for his friend, out of fear of her refusing to give it to him. To the patient's surprise, she gives him also a piece of cake, which, however, is not big enough for both him and his friend.

Obviously the young Austrian is the patient himself. During his illness (the headache), he is treated with a powder, whereas the (healthy)

patient receives, as an obvious reward, a piece of cake—the sublimation he so desires. But there is not enough for both of them ; that is to say, there is only enough for the (healthy) patient.

The next dream reverted to the castrated father :

The patient is in the office of a doctor with a full, round face (like Professor X.). He is afraid that he has not enough money in his purse to pay the doctor. However, the latter says that his bill is very small, that he will be satisfied with 100,000 Kronen. As the patient leaves, the doctor tries to persuade him to take some old music, which, however, the patient refuses, saying he has no use for it. But at the door the doctor presses on him some coloured postcards, which he has not the courage to refuse. Suddenly the patient's (woman) analyst appears, dressed like a page in a blue velvet knickerbocker suit and three-cornered hat. Despite her attire, which is boyish rather than masculine, she looks entirely feminine. The patient embraces her and takes her on his knee.

The patient's fear of being unable to pay the doctor's bill is both actual and satirical. He was in fact unable to pay Freud for his last analysis ; on the other hand, he had formerly as a rich patient paid enough to feel somewhat justified in accepting gratis treatment now. In his earlier analysis 100,000 Kronen would have meant nothing to him. But at the beginning of the year 1927, when this dream occurred, 100,000 (gold) Kronen would have meant a fortune to the impoverished Russian. He still spoke in terms of Kronen, perhaps because the sums sounded so much larger, although Austria now had shillings. He did not know whether the 100,000 Kronen in the dream represented 100,000 gold crowns or ten shillings. Thus he was either so rich that 100,000 gold crowns meant nothing to him, or else the doctor's bill of ten shillings was laughably small—presumably on the basis of his worth. In either case, the patient is able to pay his debt, though possibly only through the depreciation of both the currency and the doctor's value.

The round, full face of the doctor is opposed to Freud's, which had looked so thin and ill to the patient. This detail apparently represents an attempt to discount the illness of the father, although everything else in the dream tends to emphasize the fact of his castration and the depreciation of his worth. He is in reality the begging musician (see the dream on p. 458), but instead of trying to *sell* the music, he wants to give it to the patient. But it is really too worthless : the patient refuses it, only to be presented with the coloured (i.e. cheap) postcards. Certainly these are symbols of the gifts of Freud, now grown valueless to the patient. The meaning is clear : no gift is now sufficient to compensate the patient for the passivity involved in its acceptance. Thus at last gifts, which at the time of the patient's

fourth birthday on Christmas Day, had precipitated the wolf-dream and, indeed, the entire infantile neurosis, and had played a leading rôle in all his later life and analytic treatment, were now robbed of their libidinal value.

The doctor in the dream is a particularly harmless individual ; that is to say, he is castrated, or as good as dead.

The nature of the heterosexuality in this dream is historically correct. It will be remembered that the patient was seduced at an early age by his elder and always precocious and aggressive sister. This seduction activated his latent passivity, directing it toward the woman. Thus my boyish costume has several meanings : first, the historic one of the sister's aggression ; secondly, my rôle, as analyst, of a father-substitute ; and thirdly, an attempt on the part of the patient to deny the castration of the woman, and attribute a phallus to her. In the dream I resemble those pages on the stage whose parts are usually and obviously taken by women. Thus I am neither man nor woman, a creature of neuter gender. However, the attribution of the phallus to the woman turned into a conquest for the patient, who immediately discovers her femininity and proceeds to make love to her. Thus an additional purpose of her masculinity is disclosed : the patient has granted her the phallus in order to take it away from her, in other words, to castrate her in his father-identification as he has in the past wished to be castrated by that father.

It will be observed that this is the first dream where the heterosexuality of the patient, as well as a positive erotic transference, is clearly present. An element of identification with the woman is undoubtedly present, but the patient's leading rôle is a masculine one. Apparently only now has his father-identification become strong enough to enable him to develop a normal, heterosexual transference to me.

In the final dream of this analysis the patient is walking on the street with the second dermatologist, who with great interest is discoursing about venereal disease. The patient mentions the name of the doctor who treated his gonorrhœa with too severe a medication. On hearing his name, the dermatologist says no, no, not he—another.

Here the final link was established between the patient's present illness and the gonorrhœa which caused his first breakdown. It will be recalled that the patient's mother had some pelvic disease with bleeding and pain, and that the patient as a child held his father, perhaps not wrongly, responsible for this condition. When, then, in the dream the patient mentions the doctor who treated him so radically,

in contrast to his own conservative family physician, who had treated him all his life, he means Professor X., whose radical electrolysis supposedly worked much the same damage as that of the earlier radical treatment. When the dermatologist says it is not this man but another, he can mean only the father (or Freud), that unnamed one responsible for all treatment as well as all disease. That disease represents castration is obvious.

Only after this dream did the patient actually and completely relinquish his delusion. He was now able to realize that his nasal symptom was not a fact but an idea, based on his unconscious wish and the defence against it which together had proved stronger than his sense of reality.

His final restoration took place suddenly and in an apparently trivial manner. All at once he found that he could read and enjoy novels. He stated that up to now two factors had held him back from what once had been his chief source of pleasure; on the one hand, he had refused to identify himself with the hero of a book, because that hero, created by the author, was wholly in the power of his creator; on the other hand, his sense of creative inhibition had made it impossible for him to identify himself with the author. Thus he fell between two stools—as in his psychosis.

From this moment on he was well. He could paint, and plan work and study in his chosen field, and again take the general intelligent interest in life and the arts and literature which naturally was his.

Again his character changed, this time reverting to the normal in a manner as striking as that in which his delusion disappeared. He was once more the man one had learned to know in Freud's story—a keen, scrupulous and attractive personality, with a variety of interests and attainments, and a depth of analytic understanding and accuracy which was a constant source of pleasure.

He was at a loss to understand his own conduct. The concealment of the jewels, the casual acceptance of the yearly money, the petty dishonesties, were all a mystery to him. And yet their secret lay in his remark about his wife: 'Women are always like that—distrustful and suspicious and afraid of losing something'.

V. DIAGNOSIS

The diagnosis of paranoia seems to me to require little more evidence than that supplied by the history of the case itself. The picture is typical for those cases known as the hypochondriacal type of paranoia.

True hypochondria is not a neurosis ; it belongs more nearly to the psychoses. The term in this sense is not used to cover those cases where anxiety concerning the general health is the chief symptom, as in the anxiety neuroses ; nor does it coincide with neurasthenia. It presents a characteristic picture, in which there is an exclusive pre-occupation with one organ (or sometimes several organs), in the belief that that organ is injured or diseased. The head symptoms so common in early schizophrenia are an example of this type of hypochondria. Occasionally a slight illness affords the apparent basis for the idea of illness, which, however, is ordinarily present without any foundation whatsoever in reality. It thus comes under the heading of a delusion. (In the non-hypochondriacal forms of paranoia any one idea may form the leading symptom. Indeed, paranoia is typically a monosymptomatic, delusional disease, classified according to the nature of the delusion—persecutory, jealous, or hypochondriacal. In its earliest forms it may frequently appear as the so-called *Ueberwertige Idee* ; this ‘idea’ being of any nature whatsoever.)

Bleuler states that although text-books mention the hypochondriacal form of paranoia, he personally has never seen it. It will be observed that while the present case undoubtedly belongs to this category, nevertheless the hypochondriacal idea merely serves to cloak those of a persecutory nature behind it. Thus though the form is hypochondriacal, the entire content of the psychosis is persecutory. The patient maintained that his nose had been intentionally ruined by an individual who bore him a grudge. The possibility of unintentional injury was cleverly taken care of by this analytically-schooled patient, who remarked : ‘ Who can tell where unconscious activity ends, and conscious begins ? ’ And he added that surely the leading man in his specialty could not be so poor a therapist. He then went on to blame himself for Professor X.’s anger at him : he had by his frequent visits and persistent questioning exhausted X.’s patience. If one regards the latent rather than the manifest content of this idea, one sees in it (1) the patient’s construction of the persecutory situation, and (2) his awareness of his own responsibility for it. We know that the persecution is in reality the hostility of the patient himself projected upon his object. Indeed, the Wolf-Man had a particular talent for creating situations which lent themselves well to his feelings of distrust. At the age of twelve he had used so much of the medicine prescribed for his nasal catarrh that he had ruined his complexion ; and the doctor was blamed for giving him ‘ too strong ’ a salve. In the course of his

gonorrhœa he became dissatisfied with the mild treatment of his own physician, and went to another, who gave him ' too sharp ' an irrigation. The judgement of one dentist had always to be checked by that of another, until it became inevitable that somewhere an error would be made. Indeed, when the patient finally made up his mind to have a tooth pulled, apparently under a compulsion to lose a tooth at this time, the extraction was performed on a healthy tooth, necessitating a second extraction later. Professor Freud told me that the patient's behaviour with dentists at this time was a replica of his earlier one with tailors, whom he begged, bribed and implored to work well for him, and with whom he was never satisfied. Here, too, he always remained for a time the customer of the particular tailor with whom he was dissatisfied. I would remark that not only is the tailor (Schneider) a common figure for the castrator, but that in addition the patient's early history had predisposed him to this choice. It will be remembered that the childish wolf-dream was based largely on his grandfather's story of the tailor who pulled off the wolf's tail.

The patient's statement that no doctor or dentist ever seemed to treat him properly is superficially to some extent justified. But when one examines the circumstances surrounding the long line of the patient's medical and dental experiences, one is forced to the conclusion that he himself demanded and facilitated bad treatment on the part of his attendants. Distrust was a prime condition of treatment. The normal individual breaks off treatment when he becomes dissatisfied with his physician ; he certainly does not permit himself to be operated upon by some one whom he regards as his enemy. The passive nature of our patient makes every breach with a father-substitute difficult : his first attempt is to placate the assumed enemy. This attitude will be recalled from the earlier analysis, where his gesture of turning toward the analyst meant : Be good to me. This same gesture, with the identical content, occurred in the course of the analysis with me.

Profesor X. was, of course, the chief persecutor ; the patient had at once remarked that X. was an obvious substitute for Freud. In regard to Freud himself, the persecution was less evident. The patient blamed Freud for the loss of his fortune in Russia, but laughed at the idea that Freud's advice could have been intentionally malicious. It was necessary for him to seek out an indifferent but equally symbolic persecutor, to whom he could consciously and wholeheartedly ascribe the most vicious motives. There were, in addition, various minor persons by whom the patient considered himself imposed on, badly

treated, and sometimes cheated. It is worthy of note that in just those relations where he probably really was imposed on, he was entirely unsuspecting.

The leading diagnostic points are, briefly :

1. The hypochondriacal delusion.
2. The delusion of persecution.
3. The regression to narcissism as shown in the delusion of grandeur.
4. The absence of hallucinations in the presence of delusions.
5. Mild ideas of reference.
6. The absence of mental deterioration.
7. The character change.
8. The monosymptomatic nature of the psychosis. The patient, when talking about anything except his nose, was entirely sane. The mention of that organ made him act like the classic lunatic.
9. The ecstasy experienced by the patient when X. removed the gland from his nose is not indeed typically psychotic, but is essentially non-neurotic. A neurotic may desire and fear castration, but he does not welcome it.

The hypochondriacal delusion cloaks the ideas of persecution, providing a convenient form for the content of the entire illness. The mechanism of condensation employed here reminds one of that in dreams.

VI. MECHANISMS

A word as to the mechanisms and symbolism of the psychosis. The nose is, of course, the genital ; and it is a fact that the patient has always considered both his nose and his penis undersized. The wound is inflicted on his nose first by himself and then by X. The patient's failure to be satisfied by his self-castration reveals a motive beyond the usual masochistic one of guilt, which, regardless of the perpetrator, would be satisfied by the act itself. The further motive is, of course, the libidinal one, the desire for castration at the hands of the father as an expression in anal-sadistic language of that father's love. In addition, there is the wish to be made into a woman for the sake of sexual satisfaction from the father. I call attention here to the patient's hallucinatory experience in early childhood, when he thought he had cut off his finger.

Throughout the psychosis the ' veil ' of the earlier illness enveloped the patient. Nothing penetrated it. A somewhat obscure remark to the effect that sometimes the analytic hour with me seemed the equivalent of this veiled state corroborated its earlier interpretation

as a womb-phantasy. In this connection, the patient's idea that he occupied a kind of mid-position between Professor Freud and me is interesting; it will be recalled (p. 457) that he had had many phantasies about the discussions which Freud and I were supposed to have had about him. He himself remarked that he was our ' child ' ; and one of his dreams revealed him lying next to me, with Freud sitting at his back. (The importance of coitus a tergo is again shown here.) In the language of the womb-phantasy, he is indeed partaking of the parental intercourse.

It is interesting to note the difference between the present psychotic mother-identification and the past hysterical one. Formerly the patient's feminine rôle seemed at odds with his personality; it was evident that he was playing a part. At times he was a man—as in his relations to women—although at other times, toward the analyst and other father-figures, he was obviously the woman. But now there was no dissociation: the feminine rôle had flooded his personality, and he was entirely at one with it. He was a bad, a petty personality, but he was not a dissociated one. A remark of Dr. Wulff, formerly of Moscow and now of Berlin, to whom I described the case, and who knew and attended the patient and both his parents, best illustrates this point. He said: ' He no longer plays the mother, he *is* the mother, down to the least detail '.

The elements of the mother-identification were striking. The patient began thinking about his nose after the arrival of his mother with a wart on hers. Fate played into his hands by permitting his wife to have the same blemish in the same place. His sister had had trouble with her skin and was, like the patient, troubled about her appearance. Worry about the complexion is in itself rather a feminine trait. The stereotyped complaint of the patient is directly taken over from his mother: ' I can't go on living like this any more '. The mother's hysterical anxiety about her health was reflected in the patient during childhood and later life, as for instance in the present illness in his fear of catching cold. Moreover, the patient's dishonesty about money was in part an identification with the mother whom he had so often and so unjustly accused of cheating him out of his inheritance.

Perhaps the height of the mother-identification was attained in the patient's ecstasy at the sight of his own blood flowing under X.'s hand. We remember his childish fear of dysentery and blood in his stool, following the complaint of his mother to the doctor about

'bleeding' (presumably vaginal). The child thought his mother's pelvic disease the result of coitus with the father. Thus it was a passive coitus phantasy which caused the ecstasy when Professor X. took his instrument and removed the little gland. Obviously the element of giving birth, of being delivered, is also present.

The patient's most feminine trait was his trick of taking out a pocket mirror and looking at himself and powdering his nose. On the first occasion he borrowed his wife's mirror; later he purchased one, complete with face powder, behaving exactly like a woman in these days of mirrored compact powder cases.

If the nasal symptoms were a mother-identification, the dental symptoms were a father-identification, but an identification with the castrated father. Freud's operation was essentially a dental one, performed by a dental surgeon. Thus both Freud and the patient's own father, through his long illness and consequent incapacity, were in a sense castrated. It will be remembered that the servant whom the little boy loved so much (p. 482 of the 'Infantile Neurosis') had supposedly had his tongue cut out.

Although the present character-change of the patient was more profound than that of his childhood, it nevertheless resembled the earlier one. At three and a half years he had, as the result of the seduction by his sister and the consequent activation of his passivity, become irritable and aggressive, tormenting people and animals. Behind his tempers lay the masochistic desire for punishment at the hands of the father; but the outward form of his character was at that time sadistic. An element of father-identification was present. In the present character-change, the same regression to the anal-sadistic or masochistic level was present, but the rôle of the patient was passive. He was tormented and abused, instead of being the tormentor. He now lived out his favourite phantasy of Peter the Great and the son whom he killed; and X. played into his hands at his very first visit by discussing with him another Czar and his son! The phantasy of being beaten on the penis was reflected in the delusion of being injured on the nose by X. No element of the father-rôle was present here. Just as the childish tempers were attempts to provoke punishment (in other words, seduction) from the father, so too were the persistent visits to X. and the constant demands for treatment which was obviously castration.

What Freud calls the patient's pendulum-like swing from sadistic to masochistic attitude is, he says, reflected in his ambivalence, present

in all his relations. Thus both are the results of his strong bisexuality.

The libidinal significance of gifts runs like a red thread through the entire history of this patient. The wolf-dream which occurred just before the patient's fourth Christmas (and birthday) contained as a leading idea the expectation of sexual satisfaction from the father as the chief Christmas gift. The craving for presents from the father was the prime expression of the son's passivity. The idea of Freud's death was bound up with the (groundless) anticipation of an inheritance from him. This inheritance, especially during Freud's lifetime, had the significance of a gift, and roused just those feelings which Christmas had roused when the patient was a child. A similar rôle was played by the yearly sums of money from Freud: the unconscious passivity which remained unsolved after the first analysis found in these donations a source of satisfaction. Had the patient been as cured of his feminine attitude to the father as he seemed to be, these contributions would have been devoid of emotional significance.

A word as to the patient's attitude to the loss of his fortune. It may seem strange to us that he was able to accommodate himself so easily to the post-war conditions which completely changed his manner of living. But this element of indifference is due rather to nationality than to illness. Those who have come in contact with Russian refugees have been amazed at the rapidity of their adjustment. No one, seeing them in their new life, could guess how different the old had been.

VII. PROBLEMS

Certain problems arise from this case, which offers an unusual opportunity for observation by reason of the fact that we have the histories of two illnesses in the same person, both treated with apparent success by analysis. Successful treatment implies that all the unconscious material has been made conscious, and the motivation of the illness become clear.

The second analysis corroborates in every detail the first one, and, moreover, brings to light not one particle of new material. Our entire concern is with a remnant of the transference to Freud. Naturally this remnant implies that the patient has not been wholly freed of his fixation to the father; but apparently the cause of the remaining attachment is not the presence of unconscious material, but insufficient living-through of the transference itself. I say this in the face of the

fact that the patient spent four and a half years with Freud and remained well afterward for some twelve years. It is one thing for the analyst to consider a case complete, and another for the patient to do so. As analysts we may be in full possession of the historic facts of the illness, but we cannot know how much living-through (*Durcharbeiten*) the patient requires for his cure.

One fact supports our assumption that the patient did not finish his reactions to the father in the course of his first analysis. This was the first case in which a time limit to the analysis was set by the analyst. Freud resorted to this after months and months of complete stagnation, and was rewarded by the decisive material of the case. Until the setting of the time limit the patient had been hardly more than prepared for analysis, little actual work had been accomplished. Now material streamed from the unconscious, and the wolf-dream in all its significance became clear.

When one remembers how glad patients are to retain one last bit of material, and how willing they are to yield everything else in exchange for it, one understands one reason for the effectiveness of a time limit in analysis. Perhaps sometimes the pressure actually brings out all that is there; but I can imagine that an inaccessibility which necessitates a time limit will most often use this limit for its own ends. Such seems to be the case with the Wolf-Man. It would have been useless to continue the analysis longer without the exercise of the one great means of pressure which we have—a time limit: our patient was too comfortable in the analytic situation. There was no way of meeting this resistance other than the removal of the situation itself. This resulted in the patient's bringing sufficient material to produce a cure, but it also enabled him to keep just that nucleus which later resulted in his psychosis. In other words, his attachment to the father was too strong: on the one hand, it would have prevented any analysis whatever, and, on the other, it made the patient inaccessible in his final stronghold.

Why the patient developed paranoia instead of reverting to his original neurosis is hard to say. It may be that the first analysis robbed him of the usual neurotic modes of solution. One asks oneself if the patient was perhaps always latently paranoid. A certain support for this belief is found in the hypochondriacal tendency displayed throughout his childhood, and in his shyness and seclusiveness at adolescence, as well as in his preoccupation with his nose at that time. But the fact remains that he at no time developed delusions

or in any way lost his sense of reality. And the chief evidence against this theory is his conduct during his analysis with Freud. Certainly the transference brings no light, whatever mechanisms the patient is capable of producing, especially those of a paranoid nature; and, although one part of the childish obsessional neurosis did remind Freud of Schreber, nevertheless in the course of Freud's analysis there was never the slightest manifestation of any paranoid mechanisms.

I believe that the paranoid form of the patient's illness can only be accounted for by the profundity and consequent degree of repression of his attachment to the father. For the most part this fixation was represented by the many and varied neurotic illnesses of childhood and later life. These manifestations of his femininity proved curable. We know that the passivity of the man has three possibilities of expression: masochism, passive homosexuality, and paranoia; these represent neurotic, perverse, and psychotic expressions of the one attitude. And in our patient that part of his passivity which was expressed by his neurosis was curable: the deepest portion, which had remained untouched, went to form his paranoia.

The loss of the equilibrium attained after the first analysis was due to Freud's illness. That this should have been the case is not difficult to understand. The threatened death of a beloved person mobilizes all one's love. But the love of this patient for his father—represented by Freud—forms the greatest menace to his masculinity: satisfying it involves castration. To this danger the narcissism of the patient reacts with tremendous force; the love is partly repressed, partly converted into hate. This hate in turn generates the death-wish against the father. Thus Freud's illness, heightening the dangerous passive love of the patient, with consequent increase in the temptation to submit to castration, brings the hostility to a point where some new mechanism is needed to provide an outlet; and this is found in projection. The patient simultaneously rids himself of part of his antagonism by attributing it to another, and provides a situation in which his own hostility finds its justification.

I believe that the insight won during the first analysis was responsible for the patient's final accessibility. Nevertheless, it seems improbable to me that analysis with a male analyst would have been possible. It is one thing to play the persecutor's rôle toward a female paranoiac—already castrated!—and quite another to play it toward a man for whom castration is still a possibility. It must be remembered that in the psychoses the things feared are actually believed in:

the psychotic patient is afraid of the actual cutting off of his penis, and not of some symbolic act on the part of the analyst. Phantasy has become reality. Thus the situation is too dangerous for the patient. This is perhaps the one situation where the sex of the analyst is of importance.

By avoiding the homosexual transference the intensity of the transference, which is sometimes a condition of therapeutic success, is of course sacrificed. The entire effect of the treatment is risked. The case in question offered an ideal compromise on this point, because of the indirect contact with Freud due to the first analysis. For this patient analysis was Freud. It was as though just enough of the father's influence was present to be effective, without the additional degree which would probably have proved fatal to the treatment. It will be seen throughout the present analysis that my own rôle was almost negligible; I acted purely as mediator between the patient and Freud.

Two points seem to me worthy of particular emphasis. The first of these is the mechanism of the cure. I have no explanation for the final turning-point which occurred with the dream (p. 462) about the holy pictures. I can attribute the change only to the fact that at last the patient had sufficiently lived through his reactions to the father, and was therefore able to give them up. The modes of analytic therapy are twofold: the first is the making conscious of hitherto unconscious reactions; the second is the working through (*Durcharbeiten*) of those reactions.

The second point involves the primary bisexuality of this patient, obviously the cause of his illness. His masculinity has always found its normal outlet; his femininity on the other hand has necessarily been repressed. But this femininity seems to have been constitutionally strong, so strong, indeed, that the normal Oedipus complex has been sacrificed in its development to the negative Oedipus complex. The development of a strong positive Oedipus complex would have been a sign of greater health than the patient actually possessed. Needless to say, an exaggerated positive Oedipus complex often masks its opposite. On the other hand, even this reaction presupposes a greater biological health than that of our patient.

Whether the patient, who has now been well for a year and a half, will remain well, it is impossible to state. I should be inclined to think that his health is in large measure dependent on the degree of sublimation of which he proves capable.

BOOK REVIEWS

The Unconscious in Action. Its Influence upon Education. By Barbara Low. With a Foreword by T. Percy Nunn, M.A., D.Sc., D.Litt. (University of London Press, 1928. Pp. 226. Price 5s.)

It is pretty generally admitted among those competent to judge that psycho-analysis has so far contributed but little directly to the solution of educational problems, but has only revealed some hitherto unrecognized conditions of their solution and has shewn how complicated these conditions are. In these circumstances the most that can be done by a book on the application of psycho-analysis to education is to provide a challenge to further research—research which shall elucidate the pedagogical bearing of the factors to which the clinical investigations of psycho-analysis have drawn attention. Miss Low's book is well fitted to provide such a challenge and, coming at the present time, fills a definite gap in educational literature. It is a book that is admirably calculated to arouse the interest and eventual co-operation of those teachers who are genuinely anxious to know what contributions psycho-analysis can make to the theory and practice of education ; but at the same time it will inevitably prove disappointing to any who approach it in the hope that the study of the unconscious mind is already in a position to provide ready-made formulæ for the solution of the educator's difficulties.

Miss Low wisely does not attempt any general treatment of psycho-analysis, but gives references to well-known books as she goes along, so that a reader approaching the subject for the first time can use the present book as his general guide, supplementing it with 'readings' from the psycho-analytical classics as occasion seems to demand ; perhaps a good plan on the whole, though it is to be regretted that the indications of the parts of the general literature to be read in connection with a particular problem are not in certain cases more precise. Thus it is not very helpful to give (p. 86) as a reference for the 'guilt problem' Ernest Jones's *Papers on Psycho-Analysis* without reference to page or chapter. Presumably the reader is intended to consult the index of Dr. Jones's book, but surely he may reasonably expect a little expert guidance when he is referred to so large a volume dealing with so many aspects of the subject.

Miss Low has a high ideal of the teacher, of his services to the community and of his status in it. In this matter psycho-analysis is destined, she thinks, to bring about great changes ; for the educator's psycho-analytical knowledge will affect his position, not only in relation to his pupils, but also to the outside world. He will become 'much more than hitherto the expert . . . to be reckoned with as an important factor in the community, since he can illuminate so-called "practical" affairs,

conduct-problems and general social life. No longer will he remain in the eyes of the community a "pedagogue", good enough to deal with children and adolescents, but negligible when vital questions are at issue; he . . . will be in demand as the expert in the most complicated and significant phenomenon that exists—the human mind' (p. 57). It is one of the great merits of the book that the qualifications of the teacher and the relations between him and his pupil are treated as thoroughly as space permits; for here perhaps, even more than in the study of the pupil's own mentality, are to be found the most original and revolutionary of the new viewpoints that we owe to psycho-analysis.

In the chapter on 'Unconscious Wishes and Behaviour' there are interesting discussions of a number of general problems of importance to the educationist, e.g. questions of authority and identification, generally antagonistic behaviour, stealing, lying, day-dreaming, etc. In the following chapter on 'Emotion and Intellect' is to be found an excellent treatment of the way in which unconscious instinctual trends interfere with the orderly exercise of the intellect and the acquirement of knowledge. This chapter is, however, rendered unnecessarily puzzling by a curious use of the word 'mental', which is sometimes, it appears, equated with the 'intellectual' as opposed to the 'emotional' (p. 108) and sometimes distinguished both from the emotional and 'the more complex processes which are intellectual' (p. 111). The author clearly does not regard herself as entirely responsible for these distinctions, for she speaks in these two places of the 'so-called mental' and 'so-called intellectual'. But surely the term 'mental' is generally used to include both the intellectual and the emotional and not to designate something that is distinct from either of them.

There follows a very clear and useful chapter on Sublimation, stating briefly and cogently what is meant (and what is not meant) by this term and what is the importance of the process to the educator. With regard to actual educational practice, the author distinguishes three main functions of the teacher in relation to the development of his charges by means of sublimation:

(1) To prevent fixation (we are unfortunately told all too little as to how this is to be done); (2) to observe the processes of sublimation and repression, particularly with reference to crude instinctual manifestations, to reaction-formations and to neurosis; (3) to provide opportunities for successful sublimation. It is in this last that the author sees 'the main work of the teacher of the future, a work which calls for patient and detailed effort, on which already psycho-analysis has cast some light, but which remains almost untouched, so far, by educators themselves'. Particularly illuminating in this treatment is the distinction between the same manifestations as sublimations or as regressions, according to the

stage of development that has been reached (pp. 158-162). It is clear that the general nature of the changes recommended call for a more observational and less normative attitude on the part of the teacher than is usually found. The discovery of what is happening within the individual, and how far such happening can be made useful for individual and cultured ends, must become the teacher's first charge rather than the formulation of a body of rules and ideals to which the pupils must be fitted (p. 156). Here, as elsewhere, the general trend of individual and social development seems to demand a gradual substitution of the psychological for the ethical point of view. The chapter closes with some interesting suggestions as to how sublimation may be assisted with regard to certain impulses at various stages of development.

In the last chapter certain modern educational developments are considered from the psycho-analytical standpoint ; these developments being Co-education, the Montessori method, Self-government, and Mental Tests. The author makes it clear she does not attempt to make any full investigation of the merits or demerits of these movements and merely desires to call attention to certain factors which are suggested by psycho-analytic considerations, but which might otherwise be overlooked.

Unfortunately, however, her statements about these movements are apt in certain cases to give a rather misleading impression. Thus her discussion of tests could easily convey to a reader ignorant of the subject that an endeavour is made to assess the intelligence by means of an answer to a single question—a procedure which would of course appear ridiculous to every competent tester ! And indeed, speaking quite generally, it seems as though Miss Low had failed to gain a true appreciation of the aims of mental testing and of the results it has achieved ; for on the one hand she is inclined to attribute to the testers a dogmatism and self-satisfaction of which they are not guilty (for it is freely admitted that little is known of the ultimate nature of the intelligence that is tested), while on the other hand she ignores the imposing statistical results achieved by testing and the theoretical constructions based on them—constructions which, *so far as they go* (they themselves need further interpretation and raise many further problems), are surely among the soundest and most suggestive to be found in psychological science. If, as has often been the case, experimental psychologists have ignored, misunderstood, or ridiculed the contributions of psycho-analysis, this is no reason why psycho-analytic writers in their turn should allow themselves to under-estimate or misinterpret the work of the experimenters.

The actual psycho-analytic considerations which Miss Low brings forward in connection with each movement are in all cases worthy of attention. It is, however, noteworthy (but perhaps in harmony with the generally cautious tone in which the book is written) that all the suggestions.

made are unfavourable to the movements concerned. This accumulation of objections against otherwise hopeful and progressive methods inevitably (and in spite of the author's explicit reservations) brings the book to a close upon a slightly pessimistic note. Professor Nunn has perhaps not been uninfluenced by this in writing his interesting little preface; for while suggesting that McDougall may not be far wrong in saying that Freud has done more to advance psychology than any student since Aristotle, he adds that he 'cannot think that the world will accept Freud's pessimistic philosophy of life as set forth in *Beyond the Pleasure Principle*, where he outlines a conception so tragically grand that it extorts admiration, yet so terrible that it seems to make even his most faithful followers uneasy'.

Miss Low's book well deserves the favourable if cautious foreword that is contributed in this preface by one of Britain's foremost educational authorities. Her book is a sound and valuable exposition which should do much useful work in spreading a real knowledge among teachers of those parts of psycho-analytical theory which most nearly concerns them in their daily work. If it is lacking in positive conclusions, this is not the fault of the author but of our own present ignorance. It is, as Miss Low herself indicates, only by much further work that this ignorance can be dispelled—work which can only be carried out by the teacher equipped with an adequate psycho-analytic training. Hence the importance of the task which Miss Low's book itself aims at performing.

J. C. F.

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Studies in the Psychology of Sex. (Vol. VII). Eonism and Other Supplementary Studies. By Havelock Ellis. (F. A. Davis Company, Philadelphia, 1928. Pp. 539. Price \$5.00.)

It is doubtful if this volume, the seventh in the famous series, will enhance the high reputation of the author, whom we all gladly honour as the doyen of 'sexual psychologists'. Not that it does not exhibit in a high degree many of the qualities for which he is so justly renowned; the beautifully limpid and gracious prose, the recondite learning, and the wealth of material on which he draws. But into the dignity and serenity which have always distinguished his writings there has of late crept a note of a different kind, a somewhat personal querulousness which a little mars a character so many have come to love. To put the matter plainly, contact with psycho-analysis has revealed limitations that were previously imperceptible. It would have been better if Dr. Ellis's career had either preceded the advent of psycho-analysis or else come after this had been assimilated by the general body of thought. An unhappy clash which has no other result than causing distress would then have been avoided, to the benefit of both the author and his audience.

The doctrines of Freud are touched on, both explicitly and implicitly,

over and again throughout the book ; many of the points we shall consider in detail presently. We cannot reproduce and do not propose to comment on the form in which these points of contact are often presented. Freud's work is at times depreciated by methods that it is hard to qualify as fair, and misleading innuendoes are made of a kind that evade criticism more successfully than direct assertion would. His lack of perspective, doubtless the result of working at second hand, leads him to designate all writers on the ' new psychology ' as psycho-analysts and the authority whom he most cites in this field is Stekel !

As we shall presently illustrate, the general tendency of the book is to restrict the field of sexuality and its derivatives ; it is, in effect, definitely anti-sexual. Instead of extending the explorations to which he has so much contributed in this field, the author bends his skill to prove that this, that or the other phenomenon is not sexual in nature or in origin even when a mass of evidence, commonly ignored or discounted, exists to prove the contrary. This is, of course, not to say that his contentions are erroneous ; we are merely noting the tendency of the book.

Dr. Ellis has become increasingly preoccupied with questions of nomenclature and spends on them much energy worthy of a better cause. What he has to say in this respect is probably of very varying value, as may be judged from the following examples. On the pattern of sadism and masochism, he selects a prototype of a particular set of character traits and attitudes which analysts would derive from sexual inversion, a certain Chevalier d'Eon de Beaumont, and proposes the term ' eonism ' to designate the type in question. ' Undinism ', to which a similarly long chapter is devoted, is used to designate a primary interest in urine and water which the author wishes to separate clearly from what we call urethral erotism ; as might be expected, most of the phenomena concerned are said to belong to the former group. Kleptolagnia, a condition in which sexual excitement accompanies the act of theft, is in the same way sharply marked off from the non-sexual kleptomania. Having been the first to introduce the term ' auto-erotism ', he protests against what he mistakenly thinks is a wrong use of it by psycho-analysts. ' The psycho-analysts in adopting the term " auto-erotism " have given it a different meaning which I regret, as being both illegitimate and inconvenient. For the psycho-analyst " auto-erotism " generally means sexual activity directed towards the self as its object. That is illegitimate, for the ordinary rule is that a word compounded with " auto " (like automobile or autonomous) means not *toward* itself but *by* itself ' (p. 363). Although he here adds in a footnote a quotation from the present reviewer pointing out the nature of his mistake, he persists in the charge of misappropriation. He now proposes the term ' erogenic zones ' in place of the one, ' erogenous zones ', he had previously used, and makes the statement, which so far as we know has

no basis in fact, that 'the English psycho-analysts have sometimes put forward the form "erotogenous"' (p. 116). The modification of the original 'erogenous' we always use is, of course, 'erotogenic'. But what does it all matter? The most minute example, however, is that of narcissism. After two pages of small print the author comes to the conclusion that priority in the invention of this term should be nicely apportioned between himself and Näcke, the first seven letters going to the former and the last three to the latter. He adds 'The matter is trivial, though a little complicated, but desirable to explain since various people have shown a wish to know the precise origin of a term which has since been so widely used' (p. 356).

The book opens with an unusually interesting essay on Eonism. After a fascinating historical excursus the author narrates a number of personally studied cases and then proceeds to a discussion about the nosological status and nature of the condition. He discards Hirschfeld's term 'transvestism', or 'cross-dressing', as being too narrowly confined to one feature only, and that not an essential one. Dr. Ellis had himself in a previous essay proposed the term 'sexo-æsthetic inversion'. He gives the reason for this as follows: 'I pointed out the propriety of invoking æsthetic emotion in this connection since the main characteristic of these people—the impulse to project themselves by sympathetic feeling into the object to which they are attracted, or the impulse of inner imitation—is precisely the tendency which various recent philosophers of æsthetics have regarded as the essence of all æsthetic feeling' (p. 27). He now, however, finds this term undesirable as being 'too apt to arouse suggestions of homosexuality', a condition from which he wishes to distinguish eonism. Of the main characteristic of eonism, the impulse to imitate the opposite sex, whether in clothing or otherwise, he says: 'the important point is that this impulse springs out of admiration and affection for the opposite sex, therefore the subject of it is not usually tempted to carry the inner imitation so far as to imitate the sexual desires of that sex and so to become unlike it by being homosexual' (p. 28). The first case he relates is that of a woman in whom the 'æsthetic inversion' was confined to dreams. In the dreams she imagined she was a young man making love to a girl; in them she obtained complete sexual satisfaction and after waking she tried to prolong the thrilling sensations by lying hard on her face. She had never had a normal erotic dream about a man and her married life was sexually unsatisfactory. Dr. Ellis comments: 'In these dream experiences we see æsthetic inversion carried to a point which is not possible in real life except during insanity. We see, that is, an inversion which is not homosexual but heterosexual' (p. 40), but gives no reason for this astonishing conclusion. His explanation of eonism is as follows: 'Psychologically speaking, it seems to me that we must regard sexo-æsthetic inversion as really a modification of normal

hetero-sexuality. . . . It is a modification in which certain of the normal constituents of the sexual impulse have fallen into the background, while other equally normal constituents have become unduly exaggerated' (p. 103). 'In his admiration of the beloved he is not content to confine himself to the normal element of *Einfühling* ; he adopts the whole æsthetic attitude by experiencing also the impulse of imitation. He achieves a completely emotional identification which is sexually abnormal but æsthetically correct' (p. 107). 'Sexual inversion when it appears in eonism would appear to be merely a secondary result of the æsthetically inverted psychic state' (p. 101). The reason why he would so sharply separate eonism from sexual inversion is that some subjects of it, though by no means all, evince a strong dislike for the idea of homosexual practices, quite overlooking the fact that the same is true of many pronounced inverts. One of his subjects, for instance, 'had latterly indeed come to feel that the sexual experiences of a woman were needed for the complete gratification of his state of feeling. This is, however, clearly a secondary development of his æsthetic inversion, and it is a development which the subject himself views with terror' (p. 102). 'Thus, on a common basis, we seem to be presented with two organic conditions which are distinct, do not easily merge, and are even mutually repugnant. A large proportion, perhaps the majority, of sexual inverts have no strongly pronounced feminine traits, and even so far as they possess them not infrequently desire to slur over or disguise them. The majority of sexo-æsthetic inverts, on the other hand, are not only without any tendency to sexual inversion, but they feel a profound repugnance to that anomaly' (p. 102). The evidence of psycho-analysis in the contrary sense to this is thus cavalierly dealt with : 'This is not, indeed, a point of view which always commends itself to psycho-analysts. There are some psycho-analysts who, when they see acknowledged signs of homosexuality, accept them, as most other people do, as the signs of homosexuality. But when they see the reverse, even a strong antipathy, they accept that also as a sign of homosexuality, the reaction of a suppressed wish. "Heads, I win", they seem to say ; "tails, you lose". This is rather too youthful a method of conducting mental analysis' (p. 102). The present reviewer has analysed several typical cases of eonism for years and cannot but weigh the imposing mass of evidence showing the source of the anomaly in sexual inversion much heavier in the scale than this mere *ipse dixit*. In conclusion, Dr. Ellis states his belief in the physical origin of the condition, arguing that 'perhaps the chief reason for asserting the organic basis lies in the so frequently feeble character of the Eonist's physical sexual impulse' (p. 110). The conclusion may or may not be true, but the reason given for it certainly needs to be checked after studying the effects of psycho-analysis in removing the inhibitions that previously produced the appearance of a feeble sexual impulse.

The second chapter, on the Doctrine of Erogenic Zones, is mainly of historical interest. Dr. Ellis comments on the ignorance about the origin of this term and adds: 'One has even seen it attributed to Freud!' (p. 111). He therefore sets out to explain how it was coined, more or less as a misquotation, as a condensation of two phrases, 'erogenic centres and hysterogenic zones', the former emanating from Chambard and the latter, of course, from Charcot. This is the way in which presumably psycho-analysts, of all people, are indirectly accused of regarding such zones as abnormal: 'Notwithstanding the original clear statement of Chambard, the question has chiefly fallen into the hands of investigators who were primarily interested in the pathology of the psycho-neuroses, and have insisted mainly on the exaggerations and perversions of which the erogenic zones may form the basis. It has not been always clearly emphasized that these zones constitute an important part of the normal sexual process, and that they play a legitimate part in the natural art of love' (p. 120).

The third chapter, on the Mechanism of Sexual Deviation, opens with the statement that 'We are familiar to-day with the methods and the results of that process of psycho-analysis which the genius of Freud first reduced to a definite technique. We must not forget, however, that both the method of psycho-analysis and its alleviating results have in a less clearly formulated and less deliberately conscious form long been abroad in the world' (p. 121). It is chiefly taken up with an account, nearly a hundred pages long, of a case of flagellation phantasies in a woman. Dr. Ellis lays great stress on the extreme sympathy with which he investigated and treated the case. Referring to Freud's conclusions about the ambivalence of transference he remarks: 'Without seeking to dispute this doctrine, it must be said that such "negative" transference seems to be often an artificial product of analysis, an artefact. (Not always, for many subjects are inevitably hostile.) One is tempted, indeed, to ask whether an investigator who encounters "negative" transference might not be well advised to retire from the world for a time and to practise a little auto-psycho-analysis' (pp. 203, 204). Stekel has published a full commentary on the case here narrated and Dr. Ellis naturally disagrees with his conclusions in detail; he repudiates the idea that the extreme masochism was accompanied by any sadism, that the patient could have had any sexual knowledge in childhood, etc., etc. He finds Stekel's dream interpretations speculative and adds the very cryptic remark: 'Those who are inclined to laugh at psycho-analytic dream-interpretation should remember the endless ability of the so-called "Baconians" to find cyphers in Shakespeare' (p. 211).

The next chapter presents an interesting piece of research into the menstrual curve of sexual impulse. The criteria used were the occurrence of erotic dreams or of masturbation. The results confirm Marie Stopes's

findings that there are two crests to the curve in each monthly cycle ; after allowing for individual variations, they appear to take place at about the menstrual period (before or after) and about the fourteenth day after its onset, i.e. at the time of the so-called *Mittelschmerz*. Dr. Ellis considers that ' the establishment of this curve seems to represent a notable advance in the knowledge of the psycho-physiological life of women ' (p. 236).

The fifth chapter is entitled ' The Synthesis of Dreams.' Dr. Ellis contrasts his synthetic method, i.e. the charting of consecutive dreams in the same subject, with Freud's analytic method : ' it seems to me that dream synthesis, in its advantages and its limitations, fairly corresponds, when we are comparing the soul to the earth, to geography. Dream-analysis, in its advantages and limitations, obviously corresponds to geology ' (p. 238). One hundred such dreams are then narrated. In respect of flying dreams he now modifies the view he had previously maintained, that such dreams were caused by the rhythmic activity of the heart or lungs. He now thinks that a sexual factor may be present in some cases. ' Mourly Vold's evidence is decisive for at all events the possibility of the occurrence of this factor in flying dreams, and the more so as he was by no means an investigator with an *a priori* determination to find a sexual causation of dreaming. Freud's slight discussion of the matter, while highly suggestive, carries less weight, if only for the reason that he gave a less detailed and scrupulous attention to the matter ' (p. 325). The conclusion reached is as follows : ' A consideration of this group of dreams, I am now convinced, thus amply justifies a modification of the view I put forward in *The World of Dreams*, confining the causation of such dreams to disturbed or excited rhythm of the chest or heart. Accurately speaking, it is not so much a modification as an extension of that view which is required, for sexual activity also is a muscular rhythm. The original view that a flying dream may be purely respiratory is decisively confirmed by such dreams as CX and CXIII, which were accompanied by definite obstruction to respiration in the nose or throat. The view of Freud that flying dreams may be associated with sexual excitement is confirmed by the definite occurrence of the phenomena of flying in what are distinctly erotic dreams. Moreover we find—and in two dreams—the coincidence of respiratory phenomena and sexual phenomena in the same dream, indicating an ' over-determination ' (to use the Freudian term) of visions of flying by two allied classes of muscular rhythm operating in association ' (p. 327).

A strong plea is made for the non-sexual nature of vesical dreams. Referring to the psycho-analytical view that such dreams are most often of sexual origin, Dr. Ellis writes : ' This view is still worth noting, as perhaps not yet entirely extinct. The wide survey afforded by the present

investigation shows us that, for ordinary vesical dreams, no such far-fetched explanation is demanded. We see that in a subject whose erotic dreams are very plain and undisguised, vesical dreams form, for the most part, a distinct class and they form a large class for a definite reason which involves no sexual factor. It were strange if it were otherwise. We are concerned with an excretory function which is zoölogically more ancient than sexual conjunction and is capable of existing in the absence of sexual organs. The supposition that it has no psychic autonomy is too fantastic for serious consideration' (p. 334).

Dr. Ellis's imperfect grasp of the wish-fulfilment theory of dreams is well revealed in connection with dreams of eating; it is evident that he considers the theory only in terms of the manifest content. Referring to the typical eating dreams of hungry people, he says: 'But, as we shall see, there are other dreams of food which cannot thus be explained as dreams of wish-fulfilment. They form a large and common group, and they are conveniently ignored by the writers who believe that wish-fulfilment is the key that will unlock all doors in the world of dreams. We find that five of the dreams of copious meals, or of dining at a restaurant or of seeking a restaurant, occurred after partaking of a large meal or on going to bed immediately after a meal. It is evident that this group of dreams cannot be regarded as of wish-fulfilment. If wish-fulfilment is the rule in dreams then they must be regarded as exceptions to the rule' (p. 341). He considers that 'dreaming is essentially a process of reasoning' and accounts for these obscure eating dreams as being due to the necessity to explain a sensation of repletion: 'When a sensation of repletion is transmitted to the sleeping mind the natural mental reaction is a picture of eating, the dreamer imagines that he must be engaged in absorbing a copious meal, although—unlike the case of the really hungry dreamer—the picture may not be agreeable, and the food eaten sometimes seems unpleasant or disgusting, even filthy. This class of dream is by no means confined to the present dreamer. It may be found in the experience of many, if not all, dreamers, although its significance has not always been apparent to dream analysts. It may most easily be discovered in the dreams of those whose digestion is imperfect, especially when they have been tempted to indulge in a too late or too unwholesome meal' (p. 342).

Dr. Ellis is equally unenlightening on the subject of what are commonly called exhibitionistic dreams. 'A certain amount of attention has been given by some writers to dreams of embarrassing absence of dress. . . . It is probable that careful examination would usually reveal the real source of such dreams and that there is little need to devise any fantastic explanation of them. The dreamer really is in a state of undress, and it would be strange indeed if the consciousness of that fact failed at some moments of semi-awakening to penetrate to consciousness and cause

embarrassment. . . . Freud regards such dreams as exhibitionistic. I have no evidence for this explanation, which will not suit the present case' (p. 344).

The sixth chapter is entitled 'The Conception of Narcissism.' It is a literary and historical study of our knowledge of this condition which calls for no special comment here.

Chapter VII, entitled 'Undinism,' is an extremely interesting study, a hundred pages long, on the interest in water and urine. It is replete with the most recondite material drawn from folk-lore, literary, clinical and other sources. The main conclusion reached is that urinary interests are quite independent of sexual ones, though it is admitted that the two may become mixed. 'If the human species were propagated independently of sex, the urinary function would still exhibit many of the emotional and ideational reactions we may experience to-day' (p. 435). But there is a much more staggering conclusion, namely that the interest in urine, whether sexual or non-sexual, is subordinate to a still more primary interest in water itself. 'When we consider that man is descended from ancestors that live in the water, and that water remains a prime necessity of all life, it is clear that water must inevitably be a source of pleasure even if a specialized urinary function had no existence, so that to trace the whole human love of water to a urinary source is a conception far too fantastic for serious discussion. The urinary function has its important place, but it is co-ordinate rather than supreme. That is why it seems better to indicate this psychic trait by a term like "Undinism" rather than by a narrower term like "Urethral Eroticism"' (p. 433). An example of both conclusions may be quoted. A woman had to get up in the night to urinate. After this she dreamed what most people would recognize as an erotic dream concerned with urinating in the presence of a male friend. On waking she found it was raining, and Dr. Ellis concludes from this that urine may be a symbol of rain! (p. 389). This can only be paralleled by his statement in the same chapter about the effect in later life of urinary experiences in childhood: 'In some rare cases it is possible that this is what actually occurs. But in most cases the childish competitions of boys and the "penis-envies" of girls are far too slight and transitory to lead to anything' (p. 432).

In the next chapter Dr. Ellis is concerned to draw a sharp distinction between kleptolagnia, where the act of theft is used as a direct means of obtaining sexual gratification, and kleptomania, which he appears to regard as characterized by a motiveless act which is merely a sign of mental degeneration. He admits that some of these cases may be indirectly connected with sexuality, particularly where the subject seeks by committing a theft to escape from the guilt of yielding to sexual temptation, but he finds Stekel's work on the sexual symbolism of kleptomania 'rather

speculative'. In this way the connection between sexuality and morbid theft is restricted to an irreducible minimum.

In the final chapter, on the History of Marriage, we have Dr. Ellis once more at his best and recognize him as one of the greatest pioneer students of the social aspects of sexuality. It is distinguished by his well-known suavity and breadth of mind and by the spirit of tolerance and gentle wisdom that is breathed through so many of his pages. This is specially true of the second half of the essay, which is more individual and original. The first half appears to be mainly a review of the last edition of Westermarck's great work (see JOURNAL, Vol. III, p. 249). In regard to this he rightly comments on 'the almost complete absence of reference to the psycho-analytic explanations of sexual and social phenomena which have of recent years been put forward' (p. 500). We have to note in this connection a little outburst on the question of incest. Dr. Ellis welcomes the fact that Westermarck has now dropped his conception of an instinct of aversion to incest and has come to agree with him that there is no need to postulate any such thing. What appears to be an aversion is not an instinct, for we see the common attitude about incest (what most people would call aversion) 'only appearing as a pronounced "aversion" when it is definitely presented to the mind, and not instinctively' (p. 505). The reviewer is unable to find anything in this beyond a quibble over the word 'instinct', for it leaves untouched the practical question of whether the aversion is dictated by an actual driving force or not. In spite of the plentiful evidence in favour of the former view, Dr. Ellis seems to incline towards the latter, for he says that 'it is far more plausible (than Freud's contention about repression of incest) to argue that, in the healthily born, they die out naturally and normally under the usure of familiar life, when stronger stimuli from outside are applied' (p. 505). He then develops the view that laws are the expression of positive impulses in our nature (which no one would deny) and implies that therefore they cannot be directed against other natural impulses; there would appear to be no place in his scheme of things for mental dichotomy. Those who feel it necessary to leave room for the latter find Frazer's famous argument about the laws of incest unanswerable, but Dr. Ellis finds it merely absurd. 'It is the simple fundamental impulses of normal life which all our customs and institutions and laws formulate and often emphasize. Human ingenuity sometimes moulds them into extravagant shapes and camouflages them with fantastic designs, but it is the fundamental natural impulses beneath them which are the driving force. This is what Dr. Westermarck in general clearly sees. He is thus easily able to refute Sir James Frazer's rejection of his view. Frazer thinks that laws exist to forbid men to do the things their natural instincts incline them to do. Laws, it seems, are brought down to men, by the Mosaic method, from some inaccessible Sinai. Strange that

so brilliant an investigator, whose researches have often elucidated superstitions, should himself fall a victim to a superstition so gross ! ' (p. 506).

The second half of this essay cannot be summarized here, being in the nature of a philosophical *causerie* on the ethical and psychological basis of marriage. Stress is laid on the greater importance of companionship over the romantic view of the love basis. The concluding words, referring to his own pioneering work in this field, are well worth quoting : ' For my own part, notwithstanding various archaeological interests, I find it tedious to be among those who are several centuries behind their own time ; it has amused me more to share the disdain bestowed upon those who are a little in front. I may be permitted, as I depart, to make this one personal observation ' (p. 532).

We have been obliged to dwell here at some length on what appears to us to be a reactionary tendency in this great writer, developed particularly in relation to the work of psycho-analysis. But this necessarily gives a very one-sided view of the book as a whole. In its wealth of knowledge and thought, as well as in its charm of exposition, it can rank as a worthy member of the famous series to which it belongs. And no one interested in this field, whatever his views, could fail to profit by a careful study of every one of the essays contained in it.

E. J.

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An Introduction to Psychology. By Susan S. Brierley. Fourth (revised) edition. (Methuen & Co., London, 1928. Pp. 156. Price 5s.)

It is pleasant to note the appearance of a fourth edition of this excellent little text-book (originally reviewed in this JOURNAL, Vol. III, p. 82). The revisions introduced in this edition take the form of an Appendix on recent developments in psychology, a number of footnotes and certain modifications in the text. The main trend of the revisions lies in the direction of laying more stress upon psycho-analytic findings—the recent extensions and applications of psycho-analytic doctrine being in the author's estimation ' perhaps the most important ' of all the developments of psychology during the seven years that have elapsed since the first appearance of the book. The new Preface states that if the book were being entirely rewritten at the present time, far less room would be allotted to Shand's and McDougall's accounts of the elaboration of instincts into character ; for the reason (as appears from the Appendix) that psycho-analysis has shown that the (unconscious) interrelations of the instinctive tendencies are far more important, complicated and various than is allowed for in these accounts. The Appendix also gives brief references to the work of the ' Gestalt ' school, of Spearman, of Piaget and of the behaviourists. The general tenor of the whole book is perhaps best conveyed by a sentence on the last page in which the author suggests that ' the most

important problem in the future of psychology is the bringing together of cognition and conation ; or, to put it more rightly, the correction of the false difficulties that have arisen from their abstraction and separation in theory'. It is the consistent attempt to show how cognition functions in the service of conation that gives this 'introduction' its peculiar value.

It may be noted that the minor points which were singled out for criticism in our previous review have been adequately dealt with. In its present form the book deserves a continuance of the success which it has enjoyed in the past.

J. C. F.

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Practical Psychology. For Students of Education. By Charles Fox, M.A., Director of the Training of Teachers and Lecturer in Educational Psychology in the University of Cambridge. (London, Kegan Paul, Trench, Trübner & Co., Ltd., 1928. Pp. 180. Price 7s. 6d. net.)

From the standpoint of psycho-analysis, a book on practical psychology which from first to last page contains scarcely any reference to the unconscious is bound to be somewhat incomplete in its survey. It is true that in the Preface the author says that his book is intended as a partial solution of the problem as to what should be the content of a course of practical educational psychology, and he makes clear that he is mainly aiming at experiments for testing the mental processes which can be observed in such operations as learning by heart, visual observation, reasoning, appreciating music and poetry, association, and so forth.

The first part is entitled 'Experimental'; Part II is entitled 'Statistical', of which the author says in his Preface: 'An integral part of a course in practical educational psychology is the manipulation of statistical tables, for which reason Part II is wholly concerned with this branch of the subject' (Preface, p. viii).

For those who share this view, doubtless the second part of the book will be of much value, as giving excellent examples and exercises for working, set out and explained in a very lucid way. But to psychologists who do not find mathematical computations of much assistance in unravelling the intricacies of mental processes, nor in drawing inferences of real value, the first section will have more interest. In this part we are given demonstrations of various experiments which certainly reveal many manifestations of the person being tested—his speed in the process, his power of application, and so forth. But the attempt to generalize from such manifestations is surely useless for giving any reliable information for the individual's capacities as a whole.

The author almost seems to say this himself; after giving various experiments to investigate mental imagery, he says: 'The number of factors involved, even in such simple learning as this, is considerable, and

it is a very difficult task to disentangle them for any particular person' (p. 43).

Moreover, we are definitely told in this section that: '*The most important thing to note is that the learning process depends largely on the mental make-up of the learner, and is not necessarily determined by the nature of the material presented or the mode of using it*'—a dictum which every psycho-analyst will heartily support. It seems, therefore, somewhat waste of time to devote so large a proportion of investigation to the mode of using material, and so small a proportion to the mental make-up of the learner. And this, in a nutshell, is the objection to the predominance given to 'mental tests' (even of such excellent type as those contained in this volume) by so many of our present-day psychologists.

Barbara Low.



Folklore of the Teeth. By Leo Kanner, M.D., Yankton State Hospital, Yankton, South Dakota. (New York, The Macmillan Company, 1928. Pp. xiii + 316. Price \$4.00.)

This book is essentially a compendium encompassing an extensive store of folkloristic data concerning the teeth. Students of anthropology and psychology—perhaps, also, some dental practitioners—will, we believe, find the facts it contains quite interesting. They are presented, on the whole, in a conveniently orderly and systematic manner. Readers with a technical training, however, will be rather disappointed by the paucity of attempts at interpretation of the material. The author's few efforts in this direction are feeble, inadequate and superficial. He makes no use of any of the anthropological applications of psycho-analysis to demonstrate the fundamental psychological factors underlying the customs, beliefs and rituals he describes. Indeed no direct mention of psycho-analysis is made except in the bibliography, where a few references, such as that to Freud's *General Introduction*, to Roheim's *Spiegelzauber* and to the *Psycho-Analytic Review* may be found.

The omission of any consideration of the material from a psycho-analytical point of view becomes quite surprising when we learn, by referring to Kanner, Leo, 'The Tooth as a Folkloristic Symbol', *Psycho-Analytic Review*, January 1928 (cited in the bibliography), that the writer of that article, presumably identical with the author of this book, is thoroughly conversant with the underlying, unconscious significance of the material presented in both. A curious contrast is afforded by the treatment of the same folkloristic facts in the article on the one hand and in this book on the other. In the article we read of the views of Freud, Abraham, Roheim, and a considerable number of other analysts. We see the various beliefs and rituals involving the teeth explained in terms of

incest, castration, phallic symbolism, etc., while in this book all these items are rendered conspicuous by their absence. It is true that the author designates his book 'an outline', but regard for brevity and consideration of conciseness can hardly justify the neglect of a phase of his subject as important as the interpretative one. While he does state in a generalized way that the problem of symbolism, a term which he uses in a rather wide sense, is intimately related to his topic, no amplification or elaboration of the symbolic viewpoint is attempted. It seems as if Dr. Kanner deemed it best not to submit to the readers of his book any but the most elementary facts of the psychological aspect of his data. We believe that the restriction that he has in this way imposed upon his work not only detracts materially from the value thereof, but also militates seriously against the achieving of its aim 'to give an outline of the folklore of the teeth, introducing it at the same time as a new branch of dental science, just as the folklore of medicine is, or should by all means be, considered as a branch of medical science' (p. xii). The phenomenon of the occurrence of similar ideas, rites and usages among widely separated and unrelated peoples is described as 'one of the great mysteries of folklore' (p. 47) without any mention of the diffusion and parallelism theories.

A bibliography containing some 300 references and a glossary explaining about seventy terms are appended to the volume. There are a number of interesting illustrations.

M. A. Meyer.

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Vom Liebes- und Sexualleben. Erfahrung aus der Praxis für Aerzte, Juristen und Erzieher. By Dr. Ludwig Frank. (Leipzig, 1928. Georg Thieme Verlag. Band I, pp. 407 + xx; Band II, pp. 408-807. Price M. 16.50.)

The author of these volumes faces the difficult task of making his views on love and sexuality clear without being tedious or didactic by shaping his material in the form of letters. This method is, in sufficiently competent hands, one of the best, because the author can emphasize important points without losing grip of details and can by the graciousness of his personality effect a transference in the reader which may at times prove invaluable in the early stages of the exposition through inducing a tolerance of half-explained features which will be cleared up later. Groddeck, for example, has in his *Buch vom Es* combined exposition with genial persuasion in masterly fashion, but all of the letters in his book were to the same person. Groddeck's letters are a concentrated effort to attract one person to his views, and each and every reader falls a victim to his wit and penetration because the reader identifies himself with the charming lady who evokes the correspondence.

Dr. Ludwig Frank by evading didactic exposition has nothing left but

art to save him, and of art he has none. The letters are written to different people and lack continuity and spontaneity. Nearly every time he begins with a statement that of course every case must be treated on its own merits and often that a verbal discussion would be better than a letter. Then, having frittered away our interest in the topic shown on the headline, he proceeds to generalize in the style of Polonius. To a young lady in love with a married man he urges the prudent but often impossible task of forgetting the whole affair ; to a father concerned with a life-long estrangement from his son he urges comradeship ; a boy of six gets sexually excited in the presence of his mother who over-fondles him, so the two are separated ; recommendation to voyages, journeys and forgetting conclude the letters that begin with the evasions and apologies.

It looks as if the book is a compilation from the carbon copies in the filing case of a large practice ; if the author has saved himself trouble by this means he certainly has laid a great burden on his readers which one at least found irksome, so much so that only a small fraction of the book has been read. But it merits the consideration of a straw floating on the stream of publication. It would not have been printed years ago, that is to say, it takes a common-sense attitude to sexuality except where any allo-erotic relationships are concerned ; e.g. a boy has erections, the matter is stated as a fact, not a monstrosity ; a girl has erotic dreams, and the author tells her not to take it too seriously, but of course she must turn her thoughts from such things ; so throughout the book.

If all the literature on love and sexuality but this were blotted out, what would readers of another age think we lived by or lived for ? They would know that we itched and scratched, but would think that love and sexuality was like an eczema that could be cured with change of climate and an ointment of advice, not that it sprang from within. The book is a record of the fact that love and sexuality exist ; to those who have no doubt of this it is unnecessary.

John Rickman.



The Psychology of Character with a Survey of Temperament. By Dr. A. A. Roback. (Kegan Paul, London, 1927. Pp. xxiv + 595. Price 21s.)

In writing this large book, Dr. Roback has undoubtedly performed a valuable service. The work is the most ambitious attempt hitherto made to give a critical review of the vast and heterogeneous literature on the subject of character, and as such it deserves a place in every psychological library. The extensive bibliography, to which frequent reference is made, is too large for inclusion in the present volume, and is published separately by the Oxford University Press under the title of *A Bibliography of Personality with Special Reference to Character*.

The Psychology of Character is a book that is not easy to review. The

merest attempt to evaluate fully Dr. Roback's descriptions and criticisms of the very numerous authors and schools considered would itself result in a critical notice of inordinate length, while to deal lightly and in a few words with the whole book inevitably conveys a most inadequate impression of the painstaking erudition, breadth of view, lucidity of statement and pleasantness of exposition that everywhere distinguish it. Nevertheless a bare enumeration of a portion of its contents serves to reveal something of its wide range and of its usefulness both as a critical study and as a work of reference. The book is divided into four 'Parts'. The first Part is 'Historical', and amongst its eleven chapters are six devoted respectively to 'The Literary Characterologists', 'The Course of the Humoral Doctrine', 'The Study of Temperament in the Nineteenth Century', 'Contemporary Views', 'Applied Psychology of Temperament', and 'Proverbial Lore and Inspirational Literature'. Part II deals with the 'Classification of Characters' and deals with the relevant material chiefly on a national basis, under such headings as 'British Writers', 'The Teutonic Schools', 'Russian Discussions of Character', 'Characterology in Italy', etc. The third Part is devoted to 'Movements and Methods'. As this may prove to be the most frequently consulted and generally useful part of the whole book, it is perhaps only right to indicate all its title headings. They are, in order: 'Suggestions from Psychiatry', 'The Psycho-Analytic Approach', 'Compensation as a Fundamental Mechanism in Personality', 'Through the Perspective of the Struktur Psychology', 'The Endocrinological Attack', 'The Behavioristic Detour', 'The American Experimental Contribution', 'The Philosophy of Character', 'Biographical and Historical Material as Sources of Character Study', 'Sources and Methods of Studying Character Types' (a recapitulatory chapter).

In view of the vastness and complexity of the material dealt with in these historico-critical parts of the book, it is not to be expected that Dr. Roback's accounts of the various facts and theories passed in review will always be accepted as adequate by the discoverers of the facts or authors of the theories—and this in spite of Dr. Roback's obviously sincere and strenuous endeavour to do justice to the contributions of each school and of each individual writer. And in so far as his grasp or his exposition appears to be at fault, so far also, at least, will the criticisms that he bases thereon fail to carry conviction to those against whom they are directed. As already indicated, it would take endless space to consider the adequacy of Dr. Roback's presentations and criticisms in detail, and very probably no one reviewer would be equal to the task. It behoves us, however, in this JOURNAL to mention one or two deficiencies in those parts of the book which deal with psycho-analysis—deficiencies which have serious consequences as regards the author's understanding and evaluation of psycho-analytic results. In the first place there is inadequate emphasis laid upon

the fundamental differences in method and outlook of the various schools of Freud, Jung, Adler, Stekel, etc., all of whom are called 'psycho-analysts' and accordingly grouped together for many purposes, although in a book of this kind an insistence upon and clarification of these differences would have been very helpful. Much graver, however, is Dr. Roback's failure to reach a sympathetic understanding of the doctrine of the Unconscious—for such understanding is, of course, essential for any proper appreciation of the contributions of psycho-analysis to psychology in general. As has been the case with so many other psychologists, Dr. Roback is manifestly afraid of the Unconscious and will only resort to it when all other explanations have failed. This is the old principle of Occam's razor applied to science through the modern formula of 'Safety First'. But here, as elsewhere, 'Safety First' may often be dangerous in the long run. And the danger inherent in the otherwise sound maxim '*entia non sunt multiplicanda præter necessitatem*' is that in the endeavour to avoid superfluous '*entia*' one may often under-estimate the '*necessitas*', i.e. unduly simplify the facts to be explained. It certainly seems that Dr. Roback has to some extent committed this mistake, for it is clear to the psycho-analytically-trained reader that he fails to take account of the complexities and intricacies of the human mind which demand (and in turn are illumined by) the concept of the Unconscious. Thus, although a whole chapter is devoted to Compensation, there is very little real appreciation of Displacement, Over-determination, and Ambivalence. For instance, certain writers are held up to ridicule, albeit quite mildly and pleasantly, for making anal-erotism responsible for *contrasted* traits and for saying that a special sensitiveness in the region of the mouth may be connected *either* with gourmandism or abstemiousness (p. 295). It is true that the facts covered by the term 'Ambivalence' do indeed add very considerably to the complexity of the problems which confront the psychologist, and may irritate the would-be critic of psycho-analysis by making it appear that the psycho-analyst has things both ways in his favour and is therefore always right (*ibid.*). But this gives no justification for the ignoring of these facts, if facts they be.

Another serious matter in which Dr. Roback's want of understanding of the psycho-analytic standpoint has betrayed him is his treatment of Sublimation. It is pretty clear that he regards Sublimation as a more or less conscious process, which can be brought about by earnest endeavour or effort of will—a misconception which gives rise to a quite unusual form of disapproval of (supposedly) psycho-analytic procedure. He speaks of the 'injunction of sublimation' and of the 'Freudian normative or exhortative phrase', and says that Freud 'bids us subject ourselves to the conventions' (p. 505). In view of what he considers to be the regrettable infrequency of real strength of character, he thinks that the influence thus

brought to bear is often to the good ; nevertheless he evidently regards psycho-analysis as ranged on the side of reaction and orthodoxy—a barrier to ethical and social progress, which (as he rightly insists) often demands infringements of contemporary ethical conventions. Psycho-analysis has so often been regarded as subversive and immoral that there is something almost refreshing about this criticism of so directly opposite a kind. And yet it is really tragic, because it is based upon so very fundamental a misconception of psycho-analytic aims and methods.

Much easier to condone than misunderstandings of this kind are the faults of omission. In a book covering so large a ground, it is not possible to incorporate all the latest developments in all the schools. But as regards psycho-analysis there are two omissions which detract considerably from the value of the descriptive account of psycho-analytic contributions to the study of character. These concern : (1) the influence on character of the pre-genital component instincts other than the anal—particularly our recently increased knowledge concerning oral factors. (2) The Super-Ego. This latter omission is particularly unfortunate, as Freud's doctrine of the Super-Ego could have been interestingly considered in connection with Dr. Roback's own views concerning character.

These latter views are expounded in the fourth and last part of the book. Dr. Roback defines character as ' an enduring psycho-physical disposition to inhibit instinctive impulses in accordance with a regulative principle '. There are thus three elements in character : the instincts, the inhibition of these instincts and the principle governing this inhibition. He suggests (but does not follow out his suggestion in detail) that a chart might be made illustrating the character of any given individual, by plotting the chief manifestations of instinct along the abscissæ and the chief principles of control (ethico-logical, æsthetic, religious, social, etc.), along the ordinates. As regards the three factors in character, the chief interest centres in the controlling principles, since this is the really distinguishing feature in character itself, instinct and inhibition being, of course, found outside the sphere of character. The discussion, though always interesting and often illuminating (we cannot indicate it in detail here), is somewhat disappointing in its results. There appear to be three main elements in the regulative principles themselves : (1) an intellectual one (for the highest characters imply high intelligence)—an element which enables the principles to be apprehended ; (2) an appreciation of values, which gives the principles their worth ; (3) a ' consistency urge,' which tends to make the individual (in so far as he has character) act consistently in accordance with the principles. It is this last element which is at once in certain ways the most novel and the most disputable part of the whole doctrine. As it appears in this book, the ' urge ' seems very much an ' *ad hoc* ' invention. We are told little about it except that it is innate. It is here that Freud's doctrine

of the 'Super-Ego' appears both far more firmly based in experience and far more illuminating, since it tells us something of the growth and nature of the fundamental moral principles. On the other hand it also tells us that the problems of control through principles are a good deal more involved and less accessible to superficial observation than might at first appear. Here, too, Dr. Roback's treatment lacks depth and shows a failure to appreciate the Unconscious.

Finally, one comment of a more general nature may be made. The book would have been of greater constructive value if the views of the various schools and individual workers could have been more frequently brought into relation with one another and if Dr. Roback's own conclusions could also have been shewn in more distinct relation to the other views discussed in the earlier portion of the book. In the absence of any adequate indication of such relations, the reader is apt to receive the impression that Dr. Roback's own opinion is just a new addition to the numerous views already expounded, an opinion that is not an emergence from, or integration of, all this previous work, but is merely another attempt to grapple *ab initio* with the same old problems—an impression which makes the history of psychology seem perilously like that of philosophy (rather than of the sciences), as being more in the nature of a *series* of isolated thoughts rather than a *development* of thoughts. But here again we must not blame the author so much as sympathize with him as regards the difficulties presented by his material. To have adequately co-ordinated the tangled threads of research and speculation upon character would have meant a very great achievement. Dr. Roback's achievement is not really 'great' in this sense; it is nevertheless in many ways a very useful achievement, for which psychology is much in debt.

J. C. F.

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Problemi della Psiche. By Eugenio Rignano. (Nicola Zanichelli, Bologna, 1928. Pp. 212.)

This is a series of seven essays, connected with one another, as the author indicates in his preface, both by a certain community of subject and by a common point of view from which each 'problem' in turn is regarded. This point of view lies in the importance attached to 'affect' and the insistence upon its undue neglect by the majority of ('academic') psychologists—a point of view which is linked on clearly and interestingly enough to a pragmatic position in philosophy. Clearness is indeed one of the strongest features of the work. Professor Rignano's theories are simple, attractive, perspicuous and (for those willing to adopt his fundamental outlook) full of common-sense. Under his able guidance, moreover, they seem time after time to fit in admirably with the facts. So smooth indeed is the process that at the end of each voyage of discovery the reader is

apt to ask himself half incredulously whether the apparently placid waters that he has been sailing are the same as those which, when traversed by some other pilots (e.g. the psycho-analysts), seemed so full of sunken rocks and hidden currents so infested with whirlpools, and so liable to tempests from unexpected quarters, that the art and knowledge of even the most skilful navigator seemed all too feeble to steer safely through the multitudinous surrounding perils. And indeed the human mind *does* seem a relatively simple thing when looked at through Professor Rignano's eyes. Gone (or at any rate reduced to most modest and manageable proportions) are the displacements, sublimations, regressions, condensations, overdeterminations, reaction-formations, etc., which only too often appear so terrifying, involved and complicated when looked at with the magnifying powers of psycho-analysis. But even simple things can be manipulated clumsily or neatly, and Professor Rignano's treatment is always elegant and lucid, even though we suspect that one of the effects of the adoption of his viewpoint is to make his material appear smoother and less rugged or refractory than it does to others whose methods are more obstinately intimate and detailed.

The four shorter papers deal respectively with The Relations of Psychology to Philosophy and Science, with The Pedagogical Applications of Psychology (a somewhat idealistically conceived paper in which the above-indicated smoothing of difficulties is particularly prominent, and in which there is perhaps a trace of scarcely justifiable belief in 'formal training'), with The Finalism of Psychical Phenomena (in which 'affect' is shown to be similar to the strivings involved in life at all biological levels) and with Science and Ethics. Of the three longer papers, two are devoted to detailed critical consideration of the *Gestalt* psychology. The author makes two chief complaints against this psychology: (1) that it confuses various quite different events under the single concept of *Gestalt*, more especially the occurrence of simple spatial and temporal relations between sensations on the one hand and the formation of 'meanings' and 'things' upon the other; (2) that (like the associationist psychology which it combats) it fails to perceive that 'meanings' are achieved through the working of our affective tendencies; it is the constant operation of our interests and desires that makes us construct, out of a given mass of sensory or imaginal data, this or that 'meaning', this or that 'thing', rather than another. The remaining paper is an interesting critical report of the third International Congress of Psychology at Groningen in 1926. Although he admits that this Congress shows an encouraging progress of psychological science in certain matters of detail (particularly on the applied side), the author regrets the absence of large guiding theoretical considerations. It is the absence of such guiding and unifying theory that particularly offends him with regard to psycho-analysis, which he thinks is 'enjoying

at present an excessive favour' (p. 73); though in saying this he can scarcely be judging from the Groningen Congress alone, where psycho-analysis was represented only by one short paper, that of Ernest Jones.

The present reviewer has found this book an interesting, pleasant and stimulating one to read, and he has little doubt that many others will also find it so. Psycho-analysts can scarcely fail to be in harmony with Professor Rignano's main line of thought as to the general importance of 'affect', and should be interested to see how he considers that the due recognition of affect will solve several of the more difficult problems at which academic psychologists are at present labouring—labouring, he thinks, largely in vain because of their refusal to grant such recognition.

J. C. F.

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Psychogenese und Psychotherapie Körperlicher Symptome. By R. Allers, Vienna; L. Braun, Vienna; R. Heyer, Munich; Th. Hoepfner, Cassel; A. Mayer, Tübingen; C. Popotzky, Berlin; P. Schilder, Vienna; O. Schwarz, Vienna; J. Strandberg, Stockholm. Edited by Oswald Schwarz. (Verlag Julius Springer, Vienna, 1925. Pp. 481. Price, unbound, 45.90 Sch., bound 48.50 Sch.)

This massive volume brings home to one again the much higher standard of psychopathology in Germany as compared with England or America. The different chapters are written with a fulness of knowledge and a wealth of detail that is rarely found in any of our text-books on the subject. The book itself is divided into the following sections: Part I, Evolution, Formation and Resolution of the Body-Mind Problems in Medicine: (1) The Problem of the Orgasm; (2) The Body-Mind Problem from the Standpoint of Philosophy and the Psychology of Natural Science; (3) The Individual Constitution as the Basis of Nervous Disorder; (4) Conception and Method of Interpretation. Part II, Special Pathology of the Psychogenetic Symptoms: (1) Outline of the Psychogenetic Disorders of Speech; (2) Psychogenetic Disorders of the Action of the Heart; (3) On Bronchial Asthma and Psychogenetic Disorders of Respiration; (4) Psychogenetic Disorders of the Functions of the Digestive Tract; (5) The Mind and Skin Diseases; (6) Psychogenetic Disorders of Micturition; (7) Psychogenetic Disorders of the Female Sexual Functions; (8) Psychogenetic Disorders of the Male Sexual Functions (Psychogenetic Impotence); (9) Psychogenesis and Psychotherapy of Organic Symptoms in Children. Part III, Psychotherapy.

Psycho-analysis receives a respectful and fairly adequate notice in the different sections. Stress is laid throughout on the fact of its being the only biological theory in psychopathology. Adler's work receives more attention than Jung's, but it is pointed out that his conception views a purely psychological reaction to certain physical facts (organic inferiority)

rather than an explanation of psychological tendencies in instinctual, i.e. biological, terms. In the extensive bibliography most of the writers confine themselves exclusively to the German literature as though the subject were entirely a monopoly of that literature. Apart from this modification, the book stands as a valuable review of our present knowledge in psychopathology.

E. J.

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The New Criminology. By Max G. Schlapp, M.D., New York Post Graduate Medical School, and Edward H. Smith. (Boni and Liveright, New York, 1928. Pp. 314. Price \$3.00.)

The chief claim to distinction of the late Dr. Max Schlapp rests in excellent neuro-pathological work done by him in his earlier years. In this posthumous work, his theories of the causes of crime are recorded by a collaborator, Mr. E. H. Smith, who resorts to tabloid reporting style with a never-failing, vehement striving for dramatic climaxes. The case reports are vivid vignettes which will hold the attention of lay readers and his categorical statements will appeal to popular imagination more than the cautious postulates and careful research which scientists are publishing in this field.

Any bid for scientific acceptance which Dr. Schlapp's theory of the origin of crime may make is, however, doomed in the first few pages. His credo is that 'the glandular theory of crime accounts for all discrepancies, errors, oversights and inadequacies of the earlier explanations and that many thousands of children are born malformed, both externally and internally through the chemical imbalance of their mothers' blood and lymph during pregnancy, which is most often due to disturbances of the ductless glands. Such individuals are the typical criminals of Lombroso'. Our scientific scepticism is immediately aroused when we read that these theories are based on twenty years of laboratory and clinical experiments and observations of more than 30,000 cases. Dr. Schlapp's bewildering profusion of cases must convince those acquainted with the intricacy of either endocrinological or psychopathological studies, and more particularly their co-relation, as preclusive of accurate work. In his case reports he attributes the various forms of delinquencies with monotonous regularity to glandular defects which he often admits are inferential, and the inference is frequently unsubstantiated by even fragmentary metabolic studies. The authors dismiss the psycho-analytic studies of human motivation in a few paragraphs, feeling that 'the deadly symptom in all this psycho-analytic business sticks out in its use of terms'.

Notwithstanding the utter disregard for scientific proof of his position, Dr. Schlapp makes an eloquent appeal for reform in both criminal procedure and correction. In fact, claim is made that Dr. Schlapp is directly

responsible for the recent proposal of the Governor of New York State that judges be no longer empowered to fix a penalty for a criminal offence, but that following conviction the further disposition of the criminal be vested in a commission of experts. This bulky volume, which includes an encyclopædic collection of contradictory facts concerning heredity, environment, philosophy and metaphysics, has received several commendatory reviews in the lay press, and possibly through its violence and absolutism will reach and arouse a large class of readers to whom a more sober and scientific presentation would have no appeal.

C. P. Oberndorf.

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Why We Misbehave. By Samuel D. Schmalhausen. Author of *Humanizing Education*. (New York, The Macaulay Company. MCMXXVIII. Pp. 313. Price \$3.00.)

Another addition to the numerous books apparently designed for popular consumption that attempt to explain the behaviour and misbehaviour of human beings in terms of the new, the newer and the newest psychologies. This work is dedicated impartially and, we might add, indiscriminately to Freud, Adler and Jung. The author, however, soon evinces distinctly Adlerian leanings. He demonstrates a correspondingly strong social-economic bias despite protests that the most illuminating approach to an understanding of the problems he attacks is the psychological one. While there is some endeavour to weld the two viewpoints through the term 'socio-psychologic', it is obvious that for him: 'The economic and social forces are the solid *background*, the psychologic and pathologic factors are the subtle *foreground* of every problem concerning the vital interrelation between human nature and the environment' (p. 57, reviewer's italics). A particularized critical notice of a book of this type not only is beyond the scope of reviews appearing in this JOURNAL, but also is rendered difficult on the one hand by the fact that: 'A detailed discussion of the ideas set forth in this volume would of necessity be as voluminous if not more so than the book itself . . .' (p. 6), and on the other hand by the circumstance that the text tends to lack unity despite redundancy. We will, therefore, content ourselves with a few observations which we believe present a fair picture of the book.

Both in style and spirit *Why We Misbehave* is strongly reminiscent of the author's *Humanizing Education* (reviewed by Barbara Low in this JOURNAL, Vol. VIII, Part 3, pp. 441-2, July 1927, *q.v.*). Indeed, Miss Low's comments on the latter work can, in general, with little or no modification, be applied to the former. In both we find the same floods of rhetoric, sweeping statements and high-flown diction. On p. 130 of the present book the vocabulary of the English language fails the author, and he becomes neologistic ('*sexcitement*', italicized in the original). There is

much repetition. The same notions, hammered at over and over, recur throughout the volume in one form or another. (Cf. the phrase: ' . . . the center of gravity has shifted from procreation to recreation ' (p. 14) and tautologous variations thereof almost without end.) The views expressed on the subjects of sex, marriage and civilization are for the most part exaggerated and at times erroneous. In discussing the relation between civilization and repression—it seems to us that suppression is really meant—the author decries ' conventional civilization ' and ' traditional civilization ' and hopes for ' a new unconventional civilization '. But just how instinct-impulses are, at one and the same time, to be allowed free expression and to be diverted into cultural channels he fails to indicate. (Cf. Freud: *The Problem of Lay Analysis*, New York, 1927, p. 110.) With regard to marriage (pp. 115–6) Schmalhausen offers such wholesale prescriptions as: ' The intolerably oppressive responsibility which has been traditionally associated with marriage must be dissolved. . . . The whole traditional hocus-pocus of conscience-stricken responsibility for the sex relation must be candidly cast out. . . . Men and women will never know the maddening loveliness of sex until they have courageously cast aside the coercive weapons of obligation and duty . . . '. And yet on p. 258 he accuses Freud of offering us ' fixed and immutable solutions of problems of sexual discord which can only be approached scientifically, . . . not by wholesale *à* (sic) *priori* assumptions . . . '.

A curious ambivalence characterizes *Why We Misbehave*. Its crudest manifestation may be observed in the comments on Freud. Again and again he is extolled only to be disparaged. He is successively described as a genius, a dramatic falsifier, a wise and wonderful scientist (quoted from Max Eastman), the humanizer of psychology, an exaggerator of sex, the possessor of imagination, insight and personal wisdom, the author of a quixotic metapsychology and grotesquely fantastic speculations. Similarly, while psychiatry is called upon in Chapter IV to rescue a world in which life is said to be bankrupt and poetry dying (p. 83), a footnote in Chapter X avers that private psychiatrists are incapable of correctly diagnosing psychoneurosis (p. 245). Now it happens to be a fact that a good number of the psychiatrists quoted and lauded in this book do conduct private practices. Psycho-analysis receives much praise, the ambivalent nullification of which is to be found on p. 88: ' Must we not invoke the subtle aid of *a little* psycho-analysis? It is permissible to ask the economic radicle: have you *a little* psycho-analysis in your home? ' (reviewer's italics).

Basing his deductions on the application of the questionnaire (inventory) method of examination, admittedly ' . . . in the pioneering stage of rather crude experimentalism . . . ' (p. 205), to a material conceded to be ' . . . not very impressive statistically . . . ' (p. 239), the author con-

cludes that: ' . . . the childhood of the declared psychoneurotics is relatively normal : while the childhood of the apparent normals is relatively psychoneurotic . . . ' (p. 250, cf. p. 246). He dismisses as untenable the possibility of unconscious disingenuousness effecting questionnaire data (p. 242). His two terms ' educational psychiatry ' and ' personality deficit ', so warmly recommended by him toward the close of the book as novel, do not, it seems to us, accomplish more than increase unnecessarily the repetitious nomenclature of psychology and psychopathology.

Dr. William A. White has written the introduction (pp. 5-7) to *Why We Misbehave*. Such an introduction usually implies an endorsement and, indeed, Dr. White states: ' And so I welcome this book as a catalyzer of human thought . . . '. Whether he goes the whole hog with the author or not, what he thinks of such features of the book as are described in this review, he fails to indicate.

M. A. Meyer.



Religious Conversion. By Sante de Sanctis, Professor of Psychology in the University of Rome. (London, Kegan Paul, Trench, Trübner & Co., Ltd., 1927. Pp. 324. Price 12s. 6d.)

Professor de Sanctis has succeeded in collecting some valuable material illustrating conditions predisposing to religious conversion. He deals minutely with the process of conversion and its results, exposing some of the fallacies of certain pathological theories. Although psycho-analytical terms are employed to illustrate his arguments, he is unwilling to accept the main tenets of Freudian psychology; for example, we find that he objects to the application of psycho-analytical principles to race history, overlooking the important similarity between the unconscious and the primitive (p. 20). While admitting the legitimacy of psycho-analytic technique in the individual, he does not agree that its principles can be applied to the conscious group mind. We are therefore not surprised to find that he is unable to accept the Freudian explanation of the origin of religion and myths.

On p. 105 it is stated that conversion is a regression to an infantile state of mind. This regression is applauded and is evidently regarded as non-pathological. This significant statement is interesting in view of some of Freud's latest work on the subject where the development of mankind is compared to the individual development from childhood to manhood. Religion is contrasted with a childhood neurosis which Freud believes will be overcome by mankind in the way that children overcome similar neuroses.¹

We are unable to criticize in detail the lengthy chapter on sublimation.

¹ *The Future of an Illusion*, p. 92.

Pagan rites transformed into Christian ceremonies such as Baptism and the Eucharist are spoken of as sublimations. The author appears to think that sublimation and morality are identical. 'We accept the existence of a psychological process called sublimation. The process is understood to mean uplifting or purification which we consider as referring to the instincts'. Having emphasized the importance of Voluntary Sublimation as an ethico-social factor, it is difficult to understand what is meant by the statement that any disagreement with Freud can here be reduced to a question of terms or a mere quibble (p. 147).

In the appendix (pp. 284-6) there is a lengthy exposition of the author's conception of the Unconscious which he prefers to call the Subconscious, because it implies the idea that the conscious and unconscious are indissolubly linked together and are in continuous intercommunication. One argument used against the Freudian Unconscious divided into pre-conscious and true unconscious, is that it serves the pseudo-Freudians as a description of psychic-dynamics.

This book should be of great interest to students of religious phenomena and their connection with the neuroses. The translation by Helen Augur is excellent.

Robert M. Riggall.

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From the Monotremes to the Madonna. A Study of the Breast in Culture and Religion. By Fabius Zachary Snoop. (John Bale, Sons and Daniels-son, Ltd., London, 1928. Pp. 143. Price 3s.)

The author, who evidently possesses a very undisciplined mind, is extremely interested in the subject of breasts and has culled from various sources a mass of data bearing on all possible aspects of the subject. It is this data, here collected together in a convenient form, which gives the book any value it may possess.

E. J.

BULLETIN OF THE INTERNATIONAL PSYCHO-ANALYTICAL ASSOCIATION

EDITED BY

ANNA FREUD, GENERAL SECRETARY

AMERICAN PSYCHO-ANALYTIC ASSOCIATION

The Sixteenth Annual Meeting of the American Psycho-Analytic Association was held in Minneapolis, Minnesota, on June 8, 1928. Minneapolis had been chosen as the place for the meeting in order to afford an opportunity for the Psycho-Analytic Association to hold a joint session with the American Psychiatric Association. Because of the great distance of this city from the Atlantic seaboard, where a majority of the members of the Psycho-Analytic Association reside, the number of members present was so small that no business session could be held.

At the joint session with the American Psychiatric Association, Dr. Adolph Meyer, the President of the latter, presided in the absence of Dr. William A. White, President of the Psycho-Analytic, who was prevented from attending by illness. Two papers were read: The Psycho-Analysis of Siblings, by Dr. C. P. Oberndorf, and The Dynamics of Schizophrenic Reactions Related to Pregnancy and Childbirth, by Dr. Gregory Zilboorg.

At the independent session of the Psycho-Analytic Association, Dr. H. S. Sullivan presided. Here two papers were presented: The Psycho-Analytic Observations in the Mental Hygiene Problems of College Students, by Dr. Karl Menninger, and the Sense of Guilt in Functional Epilepsy, by Dr. J. H. Cassity.

While the attendance at the joint session was large, the audience was composed principally of psychiatrists with a weak interest in psycho-analysis. At the independent session, at which about forty attended, certainly not one-half of those present were actively interested in the subject. The discussion on the papers at both sessions was therefore brief.

C. P. Oberndorf,

Secretary.

BRITISH PSYCHO-ANALYTICAL SOCIETY

Second Quarter, 1928

May 2, 1928. Miss N. Searl: A paranoic mechanism as seen in the analysis of a child. Both dream and play material of a boy with paranoic trends showed the importance of the following phantasy of oral impotence: 'Father has emptied mother of her bodily products (milk, fæces, etc.) in coitus (as oral 'drinking' or 'eating', or 'sucking' coitus), that is why I can get no more from her. He is now the 'drunken' man, and what I want is in his body (penis—partial object) and I must get it from him'.

May 16, 1928. Dr. Edward Glover : The aetiology of alcoholism. A preliminary review was made of the clinical pictures of various alcoholic states to illustrate the inhibition or break through of phantasy formation, to indicate the phantasy content and to point out the tendency to hypertrophy of primitive ego function (e.g. projection). A systematic account was then given of psycho-analytic findings concerning alcoholism. These concerned the nature of libido fixation and regression (with especial reference to oral fixation), the state of ego-regression and the abnormalities of super-ego function (as expressed through projection). The importance of castration anxiety was especially emphasized. In conclusion an attempt was made to correlate alcoholism with the psychoneuroses, the narcissistic psychoneuroses and perversions. (An abridged version will be published in the *Proceedings of the Royal Society of Medicine*.)

June 6, 1928. Dr. Edward Glover recounted an interesting case of a screen-memory. This was a case in which the memory of an accidental burn on the hand screened the memory of a circumcision.

June 20, 1928. A general discussion took place on certain forms of resistance met with during psycho-analysis.

Douglas Bryan,
Hon. Secretary.

DUTCH PSYCHO-ANALYTICAL SOCIETY

First and Second Quarters, 1928

January 14, 1928. Annual Meeting. All members of the Council were re-elected.

1. Dr. J. H. W. van Ophuijsen : Communications on the subject of fetichism. After a short survey of the historical evolution of the conception of fetichism the speaker discussed Freud's most recent views, according to which the fetich is a substitute for the penis which is found to be missing in the mother. Two clinical examples in illustration. In one the fetich was the female instep, the subject being a man who was impelled to seek for a penis in every woman. In the second case the subject suffered from a compulsion to seek in women for 'something which was not there'. Here the fetich was a special formation of the female breast.
2. Dr. A. J. Westerman Holstijn described a case of acute schizophrenia in which the incestuous impulses were gratified and carried out in the form of hallucinations, into which certain religious ideas also entered. That religion played any part in this patient's cure was disputed, but possibly a synthetic activity of the intellect had contributed to the system of confusional ideas.

March 24, 1928. Dr. S. J. R. de Monchy : Some notes on children's games. The play of little girls with their dolls shows not only a transference of the maternal instinct but reveals narcissism as one of the leading factors in the games. Certain theoretical problems in the differentiation of narcissism and object-love were discussed.

A. Endtz,
Secretary.

GERMAN PSYCHO-ANALYTICAL SOCIETY

Second Quarter, 1928

April 15, 1928. Dr. Simmel : Notes from psycho-analytical practice.

April 24, 1928. Discussion on Dr. Simmel's paper.

May 12, 1928. Discussion on 'The possibility of a psycho-analytical system of pedagogy'. Dr. Bernfeld and Anna Freud (Vienna, guest of the Society) opened the discussion.

May 22, 1928. Short communications :

1. Dr. Simmel : The mechanism of obsessional neurosis at work in the mastering of a conflict in real life.

June 9, 1928. Dr. Ruth Brunswick-Mack (New York, guest of the Society) : A postscript to Freud's 'History of an Infantile Neurosis'.

June 19, 1928. Short communications :

1. Dr. Sachs : Two cases in which repressed memories emerged at the beginning of the analysis.
2. Dr. Fenichel : Analysis of a dream.

In the Second Quarter (April—June), 1928, the following courses of lectures were held at the Society's Institute (Berlin, W. 35, Potsdamerstrasse 29) :

a. Obligatory Course

1. Ernst Simmel : Theory of the different neuroses. Part I (Transference Neuroses). Lectures, 7. Attendance, 35.

2. Hanns Sachs : Symbolism and the art of interpretation in their application to literature. Seminar (for training candidates and practising analysts only). Seven sessions. Attendance, 23.

3. Otto Fenichel : Seminar on the works of Freud. Case histories. Part II. Fourteen sessions. Attendance, 23.

4. Jenő Hárník : Clinical notes from psycho-analytical practice, with special reference to therapeutic indications. Lectures, 7. Attendance, 20.

5. Harald Schultz-Hencke : The handling of dream-interpretation in psycho-analytic therapy. Seminar. Seven sessions. Attendance, 20.

6. Karen Horney and Sándor Radó : Discussion on technique. (For training candidates and practising analysts only.) Eight sessions. Attendance, 14.

7. Max Eitingon and others : Exercises in practical therapy (control-analysis). (For training candidates only.)

8. Otto Fenichel : Informal psycho-analytical discussions.

b. Optional Course

9. Siegfried Bernfeld : Psycho-analytical discussion of practical educational problems.

10. Karen Horney : Psycho-analysis and gynæcology. Lectures, 5 Attendance, 11.

11. Franz Alexander : Sublimations and their pathology. (Vocational inhibitions and 'artist'-neuroses.) Seminar. Five sessions. Attendance, 22.

12. Carl Müller-Braunschweig : An introductory seminar for the discussion of problems on the border-line between psycho-analysis and philosophy. Eight sessions. Attendance, 6.

The address of the *Berlin Psycho-Analytical Institute, Polyclinic and Training Centre* has been changed to Berlin, W. 62, Wichmannstrasse 10.

Dr. Sándor Radó,

Secretary.

HUNGARIAN PSYCHO-ANALYTICAL SOCIETY

Second Quarter, 1928

April 13, 1928. Extracts from journals kept by mothers :

1. Frau Dr. Eisler (guest of the Society) : The evolution of the dread of death and of death-wishes in a boy.
2. Frau Dr. Hermann (guest of the Society) : Sucking (a) to satisfy hunger, (b) 'pleasure-sucking' ; hand- and navel-erotism. Observations made in the case of two girls.

April 28, 1928. Dr. W. Reich (Vienna, guest of the Society) : The handling of the transference. The speaker defined 'character-resistance' as a manifestation of the narcissistic defence-mechanism. It is a distinct form of resistance by the ego and finds expression principally in the patient's attitude and in the form in which he makes his communications. 'Character'-analysis is a means of penetrating analytically the patient's armour and making him accessible to full analysis. Hence the analysis of 'character' must come at the beginning of the whole analysis. It is indicated specially in cases of grave 'character-neuroses', where the disposition is feminine or unemotional and in all types of narcissistic character. The analysis of the patient's bearing is helpful especially in analysing the negative transference. The technique of handling the transference will further have the task of bringing it on to the genital level and of finally doing away with the neurotic characteristics and mode of reaction through the patient's developing the capacity for full genital gratification.

May 4, 1928. Dr. S. Ferenczi : Psycho-analysis and crime. A synopsis of psycho-analytical theory in its bearing on crime.

May 19, 1928. Dr. H. M. Deutsch (Vienna) : On agoraphobia.

June 1, 1928. Dr. I. Hollós : Suggested additions to Freud's psychic scheme.

June 14, 1928. Extracts from journals kept by mothers (*continued*) : Dr. S. Pfeifer : Auto-erotism in two little girls.

During this quarter the Training Committee arranged for the following lectures for members of the medical profession :

1. Dr. I. Hollós : The interpretation of dreams. Seven lectures.
2. Dr. M. J. Eisler : Hysteria and obsessional neurosis. Three lectures.
3. Dr. M. Bálint : Seminar on onanism and allied problems. Five sessions.

Dr. Imre Hermann,
Secretary.

NEW YORK PSYCHO-ANALYTICAL SOCIETY

Second Quarter, 1928

April 24, 1928. Dr. A. Lorand : Religious rites, psycho-analytically considered.

Dr. G. Zilboorg : A psycho-analytic study of post-partum schizophrenia.

At the business session, Dr. Brill appointed Drs. Jelliffe, Lewin and French to draw up resolution on the death of Dr. H. L. Carncross.

May 29, 1928. Clinical communications by Drs. Lewin, Lorand, Kardiner, Oberndorf, Stern, Brill.

The clinical communications were of timely interest, and the discussions provoked many points in technique and clinical observations.

With this meeting the summer vacation begins. Throughout the year the meetings of the Society, held in the New York Academy of Medicine, were well attended by most of the members and many guests of the medical profession in the city and environs. The establishment of the Educational Trust Fund, which reports a capital to date of about \$7,000, promises to widen the scope of the Society's educational facilities. The lectures arranged by the Educational Committee for physicians were well attended, and a similar series of lectures will be given the forthcoming year. Also members of the Society have been called upon to lecture before the medical societies of the city, as well as before the universities and colleges. Most gratifying was the respect shown our President, Dr. A. A. Brill, on the occasion of his twenty-five years' activity in medicine by a group of his medical friends who gave a dinner in his honour at the Columbia University Club on April

11, 1928, at which were present the leading psychiatrists and neurologists, members of the faculties of our important universities, as well as some invited members of the Psycho-Analytical Society.

Philip R. Lehrman.

Corresponding Secretary.

PARIS PSYCHO-ANALYTICAL SOCIETY

First and Second Quarters, 1928

January 17, 1928. Election of the Council. The following officers were chosen :

President : Dr. Laforgue.

Vice-President : Dr. Hesnard.

Secretary : Dr. Allendy.

Treasurer : Marie Bonaparte.

Dr. Schiff and Dr. Nacht were elected Associate Members. Mme. Ronjat was elected to full membership.

It was resolved that the Society should hold, besides the ordinary meetings, meetings for practising analysts only to consider points of technique and discuss cases from practice.

Frau Sokolnicka gave an account of a case of moral sadism. The subject behaved in the most abominable manner to those around him ; analysis revealed, however, that anxiety was at the bottom of his aggressive conduct. Discussion on how far this case could be regarded as a neurosis or as a perversion.

February 7, 1928. Dr. Flournoy (Geneva) was elected to full membership.

Dr. Róheim (guest of the Society) : The psychology of primitive peoples and the analytical significance of their social institutions. Observations made amongst the tribes of Australia showing the psychic motives for adopting a money system and how it is connected with the castration-complex.

March 6, 1928. Marie Bonaparte : The symbolism of head trophies.

April 3, 1928. Monot-Herzen (guest of the Society) : Art and psycho-analysis. Artistic creation always has its source in some psychological phenomenon. In the pictures of Leonardo da Vinci, side by side with the analytical symbolism, that of the Comagno initiations can be detected. The possibility of explaining mimicry in terms of psycho-analytical theory.

May 8, 1928. Herr Germain (guest of the Society) : Music and the unconscious. The various means by which, in music, powerful affects may be aroused in the hearers. Originally music had a magical significance, rhythm playing the active and melody the passive part. Through music we are enabled to return to the psychic conditions of the period before

weaning took place (the hypnotic effect of being rocked in the cradle) ; it has a marked erotic influence. The composer's phantasy of the mother's womb and his death-wishes illustrated from the works of Chopin.

May 29, 1928. Dr. Sachs (guest of the Society) : An account of an especially interesting case of a young girl. Thanks to special circumstances, which he explained, Dr. Sachs succeeded in fourteen analytic sessions in tracing the whole development of her libido in a manner which precluded any doubt as to the interpretation. The peculiar feature of this case was the complete absence of genital libido and a strong sadistic fixation.

Dr. Allendy,

Secretary.

SWISS PSYCHO-ANALYTICAL SOCIETY

Second Quarter, 1928

April 26, 1928. The following were elected to membership : Frau G. Behn-Eschenburg, Küsnacht-Zürich ; Dr. med. H. Steiner, Zürich.

1. Zulliger : The wearing of masks : a custom in Lötschental.
2. Blum : A dream and a witticism. A patient produced a witticism as an association to a dream. Dream and wit : psychological similarities and contrasts. The reason why the association occurred in the form of wit lies in the transference-situation. The material connected with the dream and the witticism emerged later and answered to all the criteria of the ' comic '. Brief indication of the dynamic and economic parallels between the situations in wit and in hypnosis (the ' group ' of two, catharsis by abreaction).

May 11, 1928. It was announced that the Training Committee proposed to arrange a course of lectures at Berne.

Dr. Steiner : A difficulty in writing and its part in the structure of a neurosis. One of the symptoms displayed by the patient in this case was a difficulty in writing. All the features of the whole neurosis were condensed in this particular symptom, and every detail had a definite meaning and a manifold determination.

June 9, 1928. Dr. Hárnik (Berlin, guest of the Society) : The problem of religious conflicts in psycho-analytic therapy. Taking as a concrete illustration the neurosis of a female patient, the speaker described her religious conflicts during analysis, traced them to their source in early childhood, and finally showed how they were resolved. In this connection various theoretical points suggested themselves.

On *June 10, 1928*, the Society visited Landerziehungsheim Hof-Oberkirch, where the Director, Herr Tobler, one of the members of the Society, gave a brief account of the method by which he is educating his pupils on psycho-analytical principles.

June 15, 1928. Dr. Hárnik (Berlin, guest of the Society) :

1. Account of the psycho-analytical training of teachers in Berlin.
2. Resistance to the interpretation of dreams.

July 6, 1928. Dr. Repond (Director of the Malévod Sanatorium, Le Vallais) was elected to membership.

Pfarrer Pfister : The analysis of a twentieth-century witch. The speaker had had the opportunity of examining for a number of sessions a woman who was popularly believed to be a witch, and bore all the outward 'stigmata' of one. The material which the case yielded was discussed from the psycho-analytical standpoint, and compared with similar material to be found in history.

During this period the Training Committee has discussed the scheme of the International Psycho-Analytical Association for the training of candidates, and in May and June a course of seven introductory lectures on psycho-analysis was given in Berne, as follows :

1. Pfarrer Dr. O. Pfister : The possibilities and scope of psycho-analysis.
2. Dr. med. H. Behn : The unconscious.
3. Dr. med. Ph. Sarasin : Dreams.
4. Dr. med. E. Blum : The development of the healthy and of the morbid mind (Part I).
5. Dr. med. E. Blum : The development of the healthy and of the morbid mind (Part II).
6. H. Zulliger : Psycho-analysis and the science of education.
7. H. Zulliger : Psycho-analysis and the training of children.

The audience at these lectures numbered from 120 to 150, and included physicians, teachers, parents and students. The Press notices were favourable and showed interest in the work.

The following lectures have been given this year by individual members of the Society :

Pfarrer Dr. Pfister :

January, 1928. "The influence of the unconscious on the choice of a profession." A lecture followed by a discussion, being one of a course given in the Zürich High School, which was organized by the Juvenile Advisory Organization for the Canton of Zürich, and intended for workers who would be called upon to advise the boys and girls as to their choice of employment.

February, 1928. 1. "The nature of 'depth'-education." 2. "The old educational methods in the light of psycho-analysis." 3. "The application of psycho-analysis to the training of children." Three lectures given at Buer (Westphalia), to an audience of

700 persons who were attending the University Extension Lectures for teachers.

'Errors in education and their after-effects.' A lecture given at Kirche Altstetten bei Zürich at the invitation of the Education Authority.

May, 1928. 'The necessity for spiritual care of the "deep" mental processes.' Given at the Chapter Meeting of the Clergy of the Zürich district.

Dr. Blum :

March, 1928 : (a) Two lectures on psycho-analysis at the Berne Broadcasting Station.

(b) A lecture on psycho-analysis at the Berne Museum Society.

Zulliger :

On eight evenings in January, February and March, a course of lectures for parents on the training of children on psycho-analytical lines, organized by the Social-Democratic Educational Committee at Bolligen-Bern.

During January, talks to parents in Bergdorf, Worb and Thun on 'The faults of children and parents', arranged by the Education Authorities.

In June, a course of four afternoon lectures to teachers in the district of Erlach in Ins.

Hans Zulliger.

Secretary.

VIENNA PSYCHO-ANALYTICAL SOCIETY

First Quarter, 1928

January 11, 1928. Short communications and abstracts :

1. Frau Dr. Bibring : The primary process. The mechanism of the primary process, which (according to Freud) is characteristic of unconscious mental life, may be observed in experiments with eidetic test-pictures (E. R. Jaensch). When Bàràny's 'turning' test is applied to the subject of the experiment, apart from the specific psychic elaboration, a purely optical change takes place, the total result being those displacements, condensations, distortions, etc., which are peculiarly striking and obvious in visual memory-pictures of this sort. We draw the conclusion that the primary process characterizes the mode of functioning of all primitive mental life. (This paper will appear in full in the *Zeitschrift für die gesamte Neurologie und Psychiatrie*, 1928.)

2. Dr. Karl Weiss : Variations in the reaction of children to the sight of the female genitals. The remarks of two boys of

about five years old, which showed how their characters were already developing along different lines.

3. Frau Dr. Angel : Some observations of a child. An account of some observations made of a boy who from the age of eleven months to sixteen months practised vigorous genital masturbation without being hindered by any one. He identified his penis with a doll, of which he was very fond, and himself with the doll and also with his penis. This appeared from the fact that he tried to feed the penis as well as the doll and called them both, as well as himself, by the same name. From this we should infer a circle of identification which corroborates Ferenczi's dictum that there is a phase in human development in which the boy personifies his penis ('the libidinal ego').
4. Dr. Sterba : An obsessional action in the latency period. A seven-year-old boy's obsessive action, ostensibly designed to protect a certain object, revealed clearly his unconscious impulses of hate and destruction in reference to the object and its possessor. (This paper will appear in the *Zeitschrift für psychoanalytische Paedagogik*.)
5. Dr. Wittels : A painting by a schizophrenic painter. The artist in question is the one whose portrait of Freud was exhibited at the meeting of the Society on May 18, 1927. The speaker pointed out the curious style of the painter, which is characterized by rigidity and absence of affect. The similarity to dream-symbolism is unmistakable.
6. Prof. Schilder : 'Reduplication' in paramnesia. In a case of paralysis the patient thought that she had already had the same sort of treatment in the clinic three times. It was proved that the 'former occasions on which she stayed at the clinic' were associated with important events in her love-life. Hence the reduplication was psychically determined.
7. Dr. Reich : The problem of the birth-phantasy occurring at the close of analysis. In a case of obsessional neurosis, in which the patient produced birth-phantasies just before the analysis ended, it was found that these phantasies were derived from observations of the cat in his home having kittens when the patient was two years old. The phantasies precluded the removal of the patient's dread of venturing his penis in the female vagina from which a 'scratching and biting creature might emerge.
8. Dr. Nunberg : Phantasies of the mother's womb and of birth as punishments. The narration and interpretation of a birth-dream as the last dream produced in an analysis. The birth-

phantasies described by Rank may conceal every possible sort of reaction and impression, according to the subject's experience.

January 25, 1928. Short communications and abstracts :

Frau Dr. Angel : 1. An additional note on her last communication.

When the boy in question was nineteen months old, he was often called by a pet name. At this time he would take his penis in his hand, stroke it tenderly, and call it by the same name.

2. Notes on life at Davos. Davos is an 'enchanted mountain', i.e. slight cases of tuberculosis are observed to take a long time to recover there and persons who are cured go on living there, sometimes for years, which is to be explained by the suggestion that these patients are deriving some unconscious gratification. From six to eight thousand persons pursue the same tenor of life there ; they have the oral disposition in common, and they constitute a homogeneous group, the members of which obey the same psychological laws. They live the life of unwearied infants, lying all day long closely wrapped up, the only interruption being the abundant meals and the 'pleasure-sucking' of the thermometer. They drowse away their days without occupation and have lost the sense of time. Such a life constitutes a mass-regression to the level of infancy, where are the sources of gratification which keep these people rooted to the spot for years.

3. Frl. Freud : Child-analysis. A review of the symposium on Child-analysis published in the JOURNAL, Vol. VIII, Part 3.

4. Dr. Federn : A hitherto unrecorded form of castration-phantasy. Castration (whether this be displaced on to other organs than the genital or some other injury or a change in form be substituted) is invariably phantasied as inflicted by some outside agency. In this case, however, there was a fully developed phantasy that something like a hand came through the abdominal wall and tore away the whole genital organ from *within*. The phantasy dated from far back in childhood, and had a cathexis of anxiety. It was connected with the sadistic phantasy of parturition through the abdomen and the identification of penis and child.

5. Dr. Federn : Neurotic disturbances of the sense of colour. Jacobi discovered that the 'ear' for music may be spoilt by neurotic inhibitions and that most so-called 'unmusical' people have become so through being intimidated in childhood as regards their spontaneous musical feeling. He doubted

whether there need be any 'unmusical' people at all, except in cases of organic disturbance of the organ of hearing. Similarly with 'colour-blindness': it is not a neurosis, but certain people (probably the majority) who are deficient in the sense of colour can improve considerably with practice, so long as their disorder is not due to neurotic fixations. In one case a marked improvement took place during analysis in the patient's capacity for distinguishing colours and for appreciating different shades. Red had been unrecognized because it was associated in the unconscious with incidents in childhood. The speaker suggested that it would be a good thing in future to note any change in patients' power of distinguishing colours in consequence of psycho-analytic treatment. At the moment he was not proposing that the lack of such capacity should be regarded as a new indication for psycho-analysis.

February 8, 1928. Dr. Robert Wälder: An attempt to formulate a scheme of axioms and problems of analytical psychology. The speaker presented the fundamental principles which have crystallized out in psycho-analytic work in a kind of table of axioms, designed to give the most comprehensive survey possible of all the logical conclusions implicit in psycho-analysis. This led to the consideration of various problems, e.g. the theory of the neuroses, the problem of form, the fundamental questions of social psychology.

February 22, 1928. Short communications and abstracts:

1. Dr. Federn: The economic standpoint in psycho-analysis. In a case of hysterical depersonalization, the patient, when in a state of anxiety, felt clearly that an excitation of *a certain magnitude* had to find outlet. He could say when half or three-quarters of it had been discharged and, by exerting himself, he could hasten such discharge and felt that, if he struggled against it, he delayed it. Moreover, he was aware beforehand in a kind of 'aura' that the inner excitation which brought on the attack was accumulating. The patient's perception of the tension within him manifested itself also in his sense of the period of time which it would take for the attack to run its course. When the attack was upon him he estimated how long it would still last, not by how long it had already lasted, but by the amount of tension which he continued to feel. Here the patient's autopsychic perception confirmed the hypothesis that in such attacks there are definite quantities of libidinal and affective cathexis which must find discharge. The sense of time is connected with this

inner perception of psychic tension. In other cases one often finds that patients have a feeling that a neurotic attack of a definite degree of severity and of definite duration is about to overtake them. This kind of internal knowledge of an impending symptom may be observed in obsessional neurotics with reference to their obsessional ideas and in many patients suffering from phobias with regard to the severity with which the phobia is coming upon them for the time being. In an analogous manner persons suffering from somatic disease often know in their own minds with what degree of severity some physical symptom is in process of recurring; here every one admits the quantitative factor.

2. Dr. Eidelberg (guest of the Society): Psycho-analytical notes on the game of forfeits. An account of some experiments which had been made in order to demonstrate that the mechanisms which Freud discovered to be at work in parapraxes operate also in the game of forfeits. Tests to throw light on the problem of identification and imitation.

March 7, 1928. Dr. Alfred Winterstein: The reaction to novelties. In ontogenetic evolution we can discriminate three stages in the reaction to what is novel: ignoring, denying (the strange = the hostile) and affirming.

The last phase presupposes the interplay of secondary narcissism with the instinct of destruction. The connection between intellect and the death-impulse; the preponderance of destructive impulses in conceptual thinking. 'The craving for stimulus', the fanatical impulsion to *know* occurs principally in the anal-sadistic, ambivalent type. (Pathological analogy: 'the impulse to devour', when melancholia passes over into mania.) Boredom as the expression of the unsatisfied craving for stimulus: the unconscious father-significance of the conception of time. Special forms of reaction to what is novel: reaction to the uncanny and to 'trivial differences'.

March 21, 1928. Discussion on psycho-analysis and the problem of values. The discussion was opened by Dr. Heinz Hartmann (whose paper is published in *Imago*).

Business Meeting. The following associate member was elected to full Membership: Dr. Richard Sterba, Vienna VI, Schadekgasse 18; and to Associate Membership: Dr. Stefan Betlheim, Zagreb (S.H.S.), Ilica, 34; Dr. Salomea Gutmann, Vienna IV, Frankenburggasse 13; Prof. Dr. Martin Pappenheim, Vienna I, am Hof 13.

In the Summer Term, 1928, the following lectures were held at the Training Institute of the Vienna Psycho-Analytical Society, Vienna IX, Pelikangasse 18.

1. Dr. R. H. Jokl: Introduction to psycho-analysis. Lectures, 8. Attendance, 48.
2. Dr. H. Nunberg: General theory of the neuroses (*continued*). Lectures, 12. Attendance, 18.
3. Dr. Helene Deutsch: Theory of the different neuroses (*continued*). Lectures, 6. Attendance, 20.
4. Dr. R. Wälder: Psycho-analytical discussion. Held throughout the term. Attendance, 23.

Dr. W. Reich held a seminar on psycho-analytic therapy on alternate Wednesdays in the Out-patient Department of the Vienna Psycho-Analytical Society.

Dr. R. H. Jokl, *Secretary*.

Vienna III, Hauptstrasse 50.

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